

ISLAND TITLE COMPANY
P.O. BOX 670
BURLINGTON, WA. 98233

MANUFACTURED HOME TITLE ELIMINATION APPLICATION (TITLE TO REAL PROPERTY)

Manufactured Home:		9308180090	
Year	1991	Make	COCTR
Width	36	Length	60
Vehicle Identification Number		CC9727	
Registered Owners:		JERRY MCINTURE SKAGIT COUNTY AUDITOR	
Names LORETTA RUSSELL MULLEN EVERETT (E.T.) MULLEN		Signatures <i>Loretta Russell Mullen</i> <i>Everett Mullen</i>	
Legal Owners:		RECORDED FILLED 93 AUG 18 P3:32	
Names U.S. SAVINGS BANK		Signatures <i>Margaret Adams Curry</i>	
<small>1 SIGNATURES OF OWNERS INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 48.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/THEY OWN AND TO WHICH IT IS/IS BEING AFFIXED.</small>			

Land to Which Manufactured Home is Being Affixed:	
Property Tax Parcel Number 360227-0-023-0115	
TRACT B OF SKAGIT COUNTY SHORT PLAT NO. 27-89 AS APPROVED JULY 13, 1989, AND RECORDED JULY 18, 1989, IN VOLUME 8 OF SHORT PLATS, PAGES 146 AND 147, UNDER Legal Description AUDITOR'S FILE NO. 8907180002, RECORDS OF SKAGIT COUNTY, WASHINGTON BEING A PORTION OF GOVT LOT 4, SEC. 27, TWP 36, NORTH RANGE 2E OF THE WILLAMETTE MERIDIAN.	
Owners Names EVERETT (E.T.) MULLEN LORETTA RUSSELL MULLEN	Signatures <i>Everett Mullen</i> <i>Loretta Russell Mullen</i>
<small>2 SIGNATURES OF OWNERS INDICATE CONSENT TO HAVE THE MANUFACTURED HOME ADDED TO THE REAL PROPERTY USED ABOVE.</small>	

Building Permit Office Certification:			
I certify that the manufactured home has been affixed to the real property as described above and/or building permit number 20659 has been issued for the purpose of affixing the manufactured home to the land and will be inspected upon completion.			
NAME TISH CAMPBELL	SIGNATURE <i>Tish Campbell</i>	BLDG PERMIT OFFICE SKAGIT COUNTY	DATE 7/1/93
			PHONE NUMBER 206/336-4410

County Auditor/Agent Licensing Office Approval: (Not for use by subagents)			
I certify that the above application appears to have been completed correctly, and that the applicant has sufficient documentation to proceed with the recording of this form.			
NAME DEPT. OF LICENSING	SIGNATURE <i>D. Seidell</i>	OFFICE/CAAP OPERATOR NUMBER 2901-84	DATE 8/18/93

Recording Office:			
I certify that this form has been recorded in the county records.			
NAME Cheryl Jungquist	SIGNATURE <i>Cheryl Jungquist</i>	COUNTY Skagit	DATE 8/18/93
			RECORDING NUMBER 9308180090

Note: Every person who falsifies or intentionally omits material information required in an affidavit is guilty of a gross misdemeanor punishable in accordance with RCW 9A.20.021.