

RETURN: ISLAND TITLE CO.
P.O. BOX 670, BURLINGTON, WA 98233

9311220087

MANUFACTURED HOME TITLE ELIMINATION APPLICATION (TITLE TO REAL PROPERTY)

Manufactured Home:	
Year <u>1993</u>	Make <u>COUNTRY COTTAGE</u> Width <u>28</u> Length <u>57</u>
Vehicle Identification Number <u>VHMI 2804 W 30957 A&B</u>	
Registered Owners:	
Names <u>JULIE M. MEEKER</u>	Signatures' X <u>Julie M. Meeker</u>
<u>THOMAS MEEKER</u>	X <u>Thomas Meeker</u>
Legal Owners:	
Names <u>WASHINGTON MUTUAL SAVINGS BANK</u>	Signatures' X <u>[Signature]</u>
<small>*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 <u>3947-000-009-0001</u>	
<u>3947-000-010-0008</u>	
Legal Description <u>LOT 10 AND THAT PORTION OF LOT 9, LYING EAST OF THE EAST RIGHT OF WAY LINE OF THE LYMAN LUMBER COMPANY RAILROAD AS DELINEATED ON THE FACE OF THE PLAT OF LIVERMORES HAMILTON ACRES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 3 OF PLATS, PAGE 87, RECORDS OF SKAGIT COUNTY, WA.</u>	
Owners' Names <u>JULIE M. MEEKER</u>	Signatures' <u>Julie M. Meeker</u>
<small>*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 <u>35470</u> has been issued for the purpose of affixing the manufactured home to the land and will be inspected upon completion.				
<u>Joanne Ostlund</u>	SKAGIT COUNTY PERMIT CENTER	<u>10-20-93</u>	<u>336-9410</u>	
NAME	SIGNATURE	BLDG. PERMIT OFFICE	DATE	PHONE NUMBER

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.			
<u>Anna Rasmussen</u>	<u>[Signature]</u>	<u>20-01-07</u>	<u>11-22-93</u>
NAME	SIGNATURE	OFFICE/CAAP OPERATOR NUMBER	DATE

Recording Office:			
I certify that this form has been recorded in the county records.			
<u>Cheryl Jungquist</u>	<u>Skagit</u>	<u>11/22/93</u>	<u>9311220087</u>
NAME	SIGNATURE	COUNTY	DATE
			RECORDING NUMBER

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.