

43603

FIRST AMERICAN TITLE CO.

43603

628

STATE OF WASHINGTON
Department of
Licensing

9408240026
MANUFACTURED HOME APPLICATION

STATE RECORDS CLOCK

'94 AUG 24 10:18

RECORDED

REQUEST OF

- TITLE OPTIONS**
- Original
 - Transfer
 - Duplicate
 - Reissue
 - TITLE ELIMINATION** (Complete all but section 3, below)
 - TRANSFER IN LOCATION** (Complete ALL sections below)
 - REMOVAL FROM REAL PROPERTY** (Complete all but section 4, below)

1 MANUFACTURED HOME

YEAR 1994	MAKE Moduline	WIDTH/LENGTH 28X60	VEHICLE IDENTIFICATION NUMBER (VIN) 1-14392	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
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2 LAND

- Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office.
- Land to which the manufactured home is being: AFFIXED REMOVED

PROPERTY TAX PARCEL NUMBER

3 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership are true and correct.

NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE X	DATE
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NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Company Representative.

4 BUILDING PERMIT OFFICE CERTIFICATION

I certify that the manufactured home has been affixed to the real property as described, or the following building permit has been issued for this purpose and will be inspected upon completion.

NAME Tammi Anderson	SIGNATURE/TITLE X Tammi Anderson/Secretary	BLDG PERMIT # 11137	DATE 8/4/94
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5 OWNER INFORMATION

NAME OF FIRST REGISTERED OWNER: Joseph E. Fisher

NAME OF SECOND REGISTERED OWNER: Julie E. Fisher

ADDRESS OF FIRST REGISTERED OWNER: 1904 N. 32nd Place

CITY: Mt. Vernon STATE: WA ZIP CODE: 98273

NAME OF FIRST LEGAL OWNER: Green Tree Financial Corp

MAILING ADDRESS OF FIRST LEGAL OWNER: P.O. Box 3290

CITY: Federal Way, WA ZIP CODE: 98063-3290

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: X *Wendy Adams* DATE: 7-21-94

PLEASE PROVIDE THE DEPARTMENT OF LICENSING (DOL) CLIENT "NUMBER" FOR EACH OWNER:
FISHER JE 57067
FISHER JB 51664
601123371

MORE THAN TWO REGISTERED OR ONE LEGAL OWNER? . . .
Please use attachment forms (TD-420-732)

***FEES**

FILING FEE

APPLICATION

MOBILE HOME FEES

ELIMINATION

USE TAX

SUB-AGENT FEES

TOTAL FEES & TAX

\$

DEALER'S REPORT OF SALE

I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

DEALER NAME

DATE OF SALE

WA DLR NO.

DEALER'S AUTHORIZED SIGNATURE
X

Residing in _____ County

USE TAX EXEMPT Sale to Indian on the Reservation (attach notarized statement of delivery)

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)

I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form:

NAME T. Conover	SIGNATURE X <i>T. Conover</i>	OFFICE/FS OPERATOR NUMBER 7901-11	DATE 8-24-94
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7 RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER 9408240026	COUNTY Skagit	VOLUME/PAGE BK 1366 PG 0111	DATE 8-24-94
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Order No. 43603

SCHEDULE "C"

The land referred to herein is situated in the County of Skagit,
State of Washington, and is described as follows:

Lot 64, "PLAT OF EASTWIND", as per plat recorded in Volume
12 of Plats, Pages 31 and 32, records of Skagit County,
Washington, EXCEPT mineral rights as reserved by the State
of Washington by Deed dated May 8, 1908 and recorded May 20,
1908 under Auditor's File No. 67757, in Volume 74 of Deeds,
Page 221, records of Skagit County, Washington.