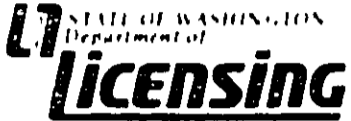


AFTER RECORDING RETURN TO: THE ESCROW WORKS, INC., P. O. BOX 6607  
LYNNWOOD, WA. 98036



**MANUFACTURED HOME APPLICATION**

RECORDER'S CLOCK	FILED AT THE REQUEST OF
	NAME
	ADDRESS
'96 APR 23 11:07	<i>American</i>

Please check one

- 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)

3634230089

<b>1 MANUFACTURED HOME</b>				
TPO PLATE NUMBER	YEAR	MAKE	WIDTH LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1996	MARLETTE	52 X 28	H012122-311

<b>2 LAND</b>	
Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732). Manufactured home will be	PROPERTY TAX PARCEL NUMBER 350928-1-006-0100
<input checked="" type="checkbox"/> AFFIXED	<input type="checkbox"/> REMOVED

<b>3 TITLE COMPANY CERTIFICATION</b>			
I certify that the legal description of the land and ownership is true and correct per the real property records			
NAME	TITLE COMPANY PHONE NUMBER	SIGNATURE	DATE
MARLA HICKOK	424-0115 1st AM	X <i>Marla Hickok</i>	4-23-96
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.			

<b>4 BUILDING PERMIT OFFICE CERTIFICATION</b>			
I certify that the manufactured home has been affixed to the real property as described, or a building permit has been issued for this purpose and the attachment will be inspected upon completion.			BLDG PERMIT # 95-1613
NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE PHONE #	DATE
BILL DOWE	X <i>Bill Dowe</i>	336-9410	4/23/96

<b>5 OWNER INFORMATION</b>				<b>FEES</b>	
COUNTY #	INC	UNINC	REGISTERED OWNERS	LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:
	<input type="checkbox"/>	<input type="checkbox"/>			
NAME OF FIRST OWNER				APPLICATION	
KAREY A. STIDMAN					
NAME OF SECOND OWNER				MOBILE HOME FEES	
DEBORAH A. STIDMAN				STIDMAN DA 526R3	
ADDRESS OF OWNER				ELIMINATION	
4945 STATE ROUTE 20				OR if the owner is a business, provide the United Business Identifier (UBI), found on the business Registration & Licenses Document	
CITY		STATE	ZIP CODE	USE TAX	
ROCKPORT		WA.	98283		
NAME OF FIRST LEGAL OWNER				SUB AGENT FEES	
LYNNWOOD MORTGAGE CORPORATION					
MAILING ADDRESS OF FIRST LEGAL OWNER				TOTAL FEES & TAX	
P. O. BOX 5857				\$	
CITY		STATE	ZIP CODE	DEALER'S REPORT OF SALE	
LYNNWOOD		WA.	98046	I certify that this information is correct. The vehicle is clear of encumbrances except as shown	
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY					
<i>Carol M...</i>					

Anyone who knowingly makes a false statement of a material fact is guilty of a felony and upon conviction may be punished by a fine of up to \$5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE. Owner Signature(s) & Title(s)			WA DLR NO	DATE OF SALE	PURCHASE PRICE
			4-5-49		\$
			DEALER NAME	TAX JURISDICTION/TAX RATE	
			5th AVENUE HOMES	3907	
			DEALER'S AUTHORIZED SIGNATURE		
			X <i>McCallister, President</i>		
			<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		

NOTARY OR LICENSE AGENT & NUMBER	SUBSCRIBED TO AND SWORN BEFORE ME THIS	Residing in (County)
X <i>McCallister</i>	DAY OF <i>April</i> 19 <i>1996</i>	

<b>6 COUNTY AUDITOR/AGENT, LICENSING OFFICE APPROVAL (Not for use by Sub-Agents)</b>			
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	SIGNATURE	OFFICE/VFS OPERATOR NUMBER	DATE
DEPT. OF LICENSING	<i>Carol...</i>	1901-02	4-23-96

41 PG 0204



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT  
**LEGAL DESCRIPTION OF LAND**

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application:  Title Elimination  
 Removal From Real Property  
 Transfer In Location

Land: Property Tax Parcel Number 350928-1-006-0100

Legal Description:

PARCEL A:

Lot 1 of Skagit County Short Plat No. 94-001 as approved August 16, 1994, and recorded August 26, 1994, in Volume 11 of Short Plats, page 106, under Auditor's File No. 9408260046, records of Skagit County, Washington; being a portion of the Southeast 1/4 of the Northeast 1/4 of Section 28, Township 35 North, Range 9 East, W.M.

PARCEL B:

An easement for ingress, egress and utilities over, under, and through a portion of Lot 2 of Skagit County Short Plat No. 91-001, as granted and described in deed recorded December 16, 1994, under Auditor's File No. 9412160038.

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