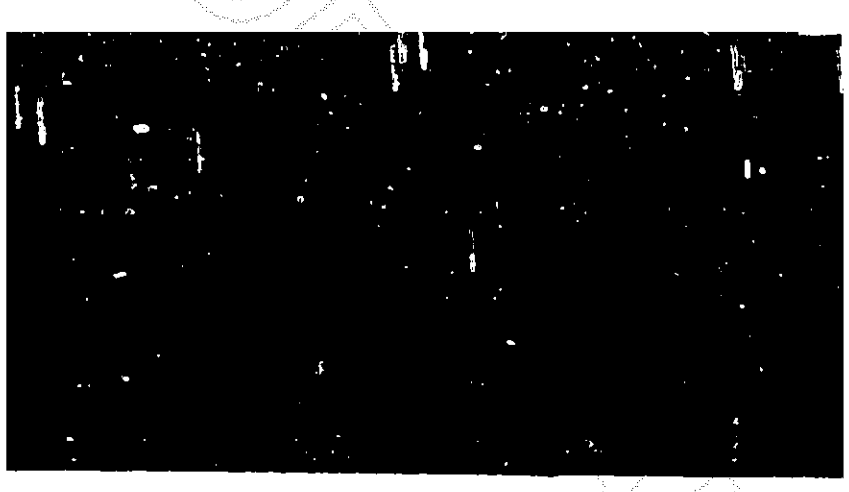

STATE OF WASHINGTON Department of LICENSING

MANUFACTURED HOME APPLICATION

960610022

RECORDER'S CLOCK	FILED AT THE REQUEST OF:
'96 JUN 10 A9:[illegible]	NAME: Land Title Co 18507
	ADDRESS

Please check one

- [XX] 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

TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1990	KIT	66 X 28	G9079E18SN11856AB

2 LAND

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 [XX] AFFIXED [ ] REMOVED

PROPERTY TAX PARCEL NUMBER: 3899-000-013-0219

3 TITLE COMPANY CERTIFICATION

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
		X	

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

4 BUILDING PERMIT OFFICE CERTIFICATION

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 #:

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
Jody Ann Goodman	X Jody ann Goodman	336-9410	4/24/96

SKAGIT COUNTY PERMIT CENTER

5 OWNER INFORMATION

COUNTY #	INC	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:
	[ ]	[ ]			

REGISTERED

NAME OF FIRST OWNER: JOHN R STAMEY — StameJR632PT

NAME OF SECOND OWNER: JANET L STAMEY — StameJL625NT

ADDRESS OF OWNER: 969 BROOKSHIRE LANE

CITY	STATE	ZIP CODE
SEDRO WOOLLEY,	WA	98264

LIENHOLDER

NAME OF FIRST LEGAL OWNER*: WASHINGTON MUTUAL BANK

MAILING ADDRESS OF FIRST LEGAL OWNER: 1336 CORNWALL AVE

CITY	STATE	ZIP CODE
BELLINGHAM	WA	98226

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X [signature] 3-29-96

--OR-- If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document: 01-089-575713-3

More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.

FILING FEE:
APPLICATION:
MOBILE HOME FEES:
ELIMINATION:
USE TAX:
SUB-AGENT FEES:
TOTAL FEES & TAX: $ 44.25

DEALER'S REPORT OF SALE

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

WA DLR NO	DATE OF SALE	PURCHASE PRICE
		$

DEALER NAME: — TAX JURISDICTION/TAX RATE:

DEALER'S AUTHORIZED SIGNATURE: X

[ ] USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)

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):

X John R Stamey

X Janet L Stamey

X

NOTARY OR LICENSE AGENT NUMBER	SUBSCRIBED TO AND SWORN BEFORE ME THIS	Residing in (County)
X [signature]	23 DAY OF March 1996	Skagit

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

Comm: 35. Expires 6-16-97

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
T Medved	T Medved	201-11	6-10-96

TD-420-729 MANUF HOME APPL (R/2/94)M Page 1 of 2

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BK 155 PG 0041