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FILED AT THE REQUEST OF: RECORDER'S CLOCK. STATE OF WASHINGTON MANUFACTURED HOME SKAT NAME APPLICATION Please check one TITLE ELIMINATION (Complete all but section 5, below) TRANSFER IN LOCATION (Complete ALL sections below) REMOVAL FROM REAL PROPERTY (Complete all but section 4, below) MANUFACTURED HOME VEHICLE IDENTIFICATION NUMBER (VIN) WIDTHZENGTH MAKE TPO/PLATE NUMBER YEAR 60/24 KW3603 **e55186** 1975 PRNCI LAND Attach a copy of the legal description of your land. It can be obtained from your County PROPERTY TAX PARCEL NUMBER 3877-000-152-0000 Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732). REMOVED X AFFIXED Manufactured home will be TITLE COMPANY CERTIFICATION I certify that the legal description of the land and ownership is true and correct per the real property records. DATE SIGNATURE TITLE COMPANY/PHONE NUMBER NAME Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. 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. FEES OWNER INFORMATION Provide the Washington Driver's License or I.D. FILING FEE # REGISTERED OWNERS INC UNIXC # LEGAL OWNERS COUNTY # card number (PIC) for each owner: NAME OF FIRST OWNER ROTHENBUHLER, DEANNE MOBILE HOME FLES NAME OF SECOND OWNER ELIMINATION ADDRESS OF OWNER .. CR.. if the owner is a business: 4423 BAKER DRIVE provide the Unified Business USE TAX ZIP CODE STATE CITY Identifier (UBI), found on the 98237 WA CONCRETE business Registration & Licenses SUB-AGENT FEES Document. NAME OF FIRST LEGAL OWNER* 303135*0*0 INTERWEST SAVINGS BANK, its successors TOTAL FEES & TAX MAILING ADDRESS OF FIRST LEGAL OWNER and/or assigns More than two owners or one lienholder? Please use attachment p.o. box 1649 form(s) #TD-420-732. STATE ZIP CODE CITY 98277-1649 WA DEALER'S REPORT OF SALE OAK HARBOR SIGNATURE OF LEGAL OWNER INDICATES CONSENTED ELIMINATION OF TITLE/REMOVAL I certify that this information is correct. The vehicle is clear of encumbrances except as shown. FROM REAL PROPERTY PURCHASE PRICE DATE OF SALE WADLRNO Anyone who knowingly makes a false statement of a material fact is guilty of a fellony, 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 LA ANJURISDICTION/TAX RATE THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMAT TION IS ACCURATE: Owner Signature(a) & Title(a): Sag to Cartified Triba member on SUBSCRIBED TO AND PHORN BEYORE WETHIN NOTARY OR LICENSE AGENT & NUMBER DAY OF 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. OFFICENTS OPERATOR NUMBER DEPT. OF LICENSING

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NAHUFACTURED 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 cartified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type	e of application:	Title Elimi Removal I Transfer I	From Real Property		
Land:	Property Tax P	arcel Number	3877-000-152-0000	_	
La.i.a.	Legal Description				
			N THE SKAGIT", AS PER THROUGH 51, INCLUSIVE,	_	
	SITUATE IN !	THE COUNTY	OF SKAGIT, STATE OF W	ASHINGTON.	