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## RETURN ADDRESS

INTERWEST BANK	
P. O. BOX 1649	97 HAR 18 A11:52
OAK HARBOR, WA 98277	ECORDED FILED
LOAN NO. 2270204030	REQUEST OF

<del>970</del>3180040

U Department o	ASHINGTON		CTURED HOME	LOAN NO. 2	270204030
<i>LICEN</i>	SING	APF	PLICATION	ISLAND TIT	
			SE.CHECK ONE	SB-10351	
☑ TITLE ELI		TRANSFER IN I	LOCATION REMOV	/AL FROM REAL	PROPERTY
1 MANUFACTUR	YEAR	~7/			
<b>%139360</b>	1995	MARLE LENG	THWIDTH(FEET) VEHICLE IDENTIFIE X 28 H010996A	CATION NUMBER (VIN)	
2 LAND	<u> </u>	<u> </u>	AL LEGAL DESCRIPTION ON		TITLE FEES
MANUFACTURED			PROPERTY TAX PAR 350928-0-0	<u>08-0307</u>	FILING FEE  APPLICATION
TRACT E		TNAME agit Cty Shor		TION/TOWNSHIP/RANGE 28-35-9	
A legal description of	can be obtained tro	m the local County Ass	essor's Office II there is not as	ough soom have	MOBILE HOME FEE
Tract E. SI	kasit Count	v Short Plat	at your local County Auditor's O No. 126-78, approv	ffice.	ELIMINATION FEE
19/8, and 1	recorded Ju	ne 14, 1978.	in Volume 2 of Sho	rt Plate	USE TAX
- page 226, ι	under Audit	or's File No.	881428, records o	f Skowit	SUB-AGENT FEES
county, Was	shington; b	eing a portion	n of Government Lo	r 4 15	TOTAL FEES & TAX
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3 GRANTOR(S) R	EGISTEPEDA EG	Skagit County	y, Washington,		<u>L</u>
COUNTY .	INCORPORATED	UNINCORPORATED	ADDITIONAL NAMES ON PA	AGE BAL OWNERS	<b>1</b>
NAME OF FIRST REGIST	ERED OWNER		2	<u>.</u>	
SCHICK, HAN	NS G.			DOLCUSTOMERAC	3205
ADDRESS OF FIRST REC 1071 EVERGR		ANE CON	CRETE	STATE ZIF	CODE
NAME OF FIRST LEGAL OF INTERWEST B	OWNER	CONC	JAETE T	DOL CUSTOMER AC	
ADDRESS OF FIRST LEG	AL OWNER		CITY	30313500 STATE ZP	08 CODE
P. O. BOX 1	.649	OAK	HARBOR	CANAS	98277
GRANTEE(S) NAME OF FIRST GRANTE			ADDITIONAL NAMES ON PA		
INTERWEST B				30313500	)8
tact is guilty of	a felony, and u	se statement of a mater pon conviction may or both. (RCW 46.12.2	be LAW THAT I/WE ARE	THE REGISTERED	OWNERS OF
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ELIMINATION OF T	ITLE / REMOVAL	FROM REAL PROPE		Velles.	
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IGNATURE OF FIRST LE	OWNER AND TITE	E, IF APPLICABLE	SIGNATURE OF SECOND RE	GISTERED OWNER AND	TITLE, IF APPLICABLE
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Ser RAP. HISSIC	tate	of Washington Skagit		d or attested letore me on Februa	ry 20,1997
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/ Los o PUE	SUC a -	Hans G. Schic	Signa	Marcia J.	enning
7, Clore	200 O S	otary State o	f Washington	Dealer No OR	10/5/2000
OFW	ACHINGS	DEALERSHIP Position	on/Agent/NOTARY	County/Office No OR	10/5/2000
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EALER NAME		y diat dis mornagor	WA DEALER NUM		
JRCHASE PRICE	A TAN HIDIONIO	TONG WOLF TO CO.		IBER DATE OF	SALE
The second secon	A Ka	j	S AUTHORIZED SIGNATURE		
USE TAX E	XEMPT Sale to a	Certified Tribal member	er on the reservation (attach no	tarized statement of	delivery).
certify that the above	APPLICATION AND A	IS to have been complete.	DVAL: (Not for use by Sub-Ag eted correctly, and the applicant	ents)	
oceed with the recor	roing of this form.	and the second comple	, and the applicant	. 1192 27111CIÐUL <b>GOC</b> UN	neuration to
ME (TYPED OR PRINTE	OI-GYEC	r. Mad	NED	COUNTY OFFICE VES	OPERATOR NUMBER
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TD-120-729 MANUF HOME APPL (R/12/96)OR Page 1 of 2

INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE

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BK 1640 FG 0 144

5 TITLE COMPANY CERTIFICATION			
I certify that the legal description of the land and own	nership is true and correct per the real property records.		1
NAME	TITLE COMPANY/PHONE NUMBER	*	San
SIGNATURE / PUSITION		DATE	Ġ.
Finalize this application with a Licensing Agent	twithin 10 calendar days of the date Title Company Re	presentative signs.	
6 BUILDING PERMIT OFFICE CERTIFICATION			
I certify that the manufactured home has been affixe purpose and the attachment will be inspected upon	ed to the real property as described, OR a building permission	t has been issued for	r this
NAME JOANNE OSTLUND	BLDG PERMIT OFFICE/PHONE # 951.1	.64	
SIGNATURE / POSITION OSCILLAR I Perm	et Dechauses	DATE 2-18-97	 1

## INSTRUCTIONS

COMPLETE THE APPROPRIATE BOXES ON THE FORM AS INDICATED BELOW, DEPENDING UPON THE TRANSACTION YOU WISH TO PROCESS

- A. Manufactured Home Title Elimination Application (complete boxes 1, 2, 3, 4 and 6). Use to eliminate a title for a manufactured home which is to become real property
- B. Manufactured Home Transfer in Location Application (complete all boxes). Use only when a manufactured home (whose title has been eliminated) is being moved to land with a different legal description AND will become part of the real property to which it will be moved and affixed. If the transfer in location is between two different counties, prepare this form in duplicate and have each recorded in its respective county.
- C. Manufactured Home Removal From Real Property Application (complete boxes 1, 2, 3, 4 and 5). Use when titling a manufactured home whose title has been previously eliminated. Once properly completed and recorded, this application becomes a supporting document along with others required to apply for a Certificate of Title for the manufactured home.

IMPORTANT: SIGNATURES OF THE OWNERS ON THE MANUFACTURED HOME APPLICATION INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 46.12 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 WILL BE AFFIXED. IF THE MANUFACTURED HOME IS BEING REMOVED FROM REAL PROPERTY, SIGNATURES OF THE OWNERS PER THE REAL PROPERTY RECORDS INDICATE CONSENT TO THE REMOVAL. THE FORM MAY THEN BE USED FOR MAKING APPLICATION FOR TITLE WITH THE DEPARTMENT OF LICENSING AS PROVIDED BY CHAPTER 46.12 RCW.

- Note: Owners of the manufactured home must own the land when the application is for a Manufactured Home Title Elimination or a Manufactured Home Transfer In Location, as provided by Chapter 65.20 RCW.
- SECTION 1 Enter the description of the manufactured home.
- SECTION 2 Place an "X" in the appropriate box and enter the property tax parcel number, lot, block, plat number and section/township/range, when applicable. Write a legal description in the space provided. If there is not enough room, use the Title Application Attachment (TD0420-732). When processing a "Transfer in Location Application," both boxes should be checked. The application must then be accompanied by two separate land descriptions.
- SECTION 3 This area must be signed by all registered owners of the manufactured home when processing a title elimination. If the manufactured home has been sold and is being removed from the real property, the owners per the real property records must complete this portion to obtain a Certificate of Title. Signatures of the owners must be notarized or certified by the selling dealer or a vehicle licensing agent. Fees will include a filing and application fee plus sales or use tax due. Additional fees may include: a title elimination fee and a Mobile Home Affairs Fee. Subagents will charge an additional service fee. (Fees are subject to change without notice.)
- SECTION 4 Take the properly completed Manufactured Home Application and all necessary supporting documents to the County Auditor/Licensing Agent Office for approval. Supporting documents may include but are not limited to: proof of ownership or a Manufacturer's Statement of Origin (MSO), proof of taxes paid, and applicable release(s) of interest. Subagents may not complete the approval portion of this form.
- SECTION 5 The "Title Company Certification" box must be completed when processing a "Transfer In Location" or a "Removal" From Real Property" application. Important: The final recorded application form must be submitted to a vehicle licensing agent within 10 days of the title company's certification.
- SECTION 6 When processing an "Elimination" or "Transfer In Location" application, a city or county office (depending upon the location of the manufactured home) must certify that the home is affixed to the land; or, issue a building permit to affix the manufactured home to the land, inspecting the completed attachment. The issuing office must sign the application, adding the permit number if the inspection has not yet occurred.

IMPORTANT:

Once the application has been approved by the County Auditor/Licensing Agent Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form.

APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required lees.

> The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.

TD-420-729 MANUF HOME APPL (RV12/96)OR Page 1 of 2

## **OWNERSHIP**

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. 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	
PROPERTY TAX PARCEL NUMBER:	350928-0-008-0307	
ADDITIONAL GRANTOR(S) REGIST	ERED/LEGAL OWNER(S)	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER		SCHICEG632C5
SCHICK, EDITH G.		DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED SWILL		DOL CUSTOMER ACCOUNT NUMBER
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NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER
	TO STATE OF THE PROPERTY OF TH	ETITLE:
	DICATES CONSENT FOR ELIMINATION C	DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER		
SIGNATURE OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER
	CW 46.12.210) PENALTY OF PURJURY LAW THAT I/WE /	a felony, and upon conviction may be punished  ARE THE REGISTERED OWNERS OF THIS
SIGNATURE OF REGISTERED OWNER		2/20/97
6. litt 6: Schick		DATE
SIGNATURE OF REGISTERED OWNER		
SIGNATURE OF REGISTERED OWNER		DATE
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SIGNATURE OF REGISTERED OWNER		
SIGNATURE OF REGISTERED OWNER		DATE
A STATE OF THE STA	A STATION CONTINUES	R REGISTERED OWNER(S) SIGNATURE
NO		
Sta Sta	te of Washington County of Washington	Signed or attested before me on February 20, 199
NOTARY &	County or	mar Od
O PUELS S	Edith G. Schick	Signature Janua Transcont
Egio Puch Sitt	Printed Name of Applicant	
1 1 2 3 3 3 3 5	4	Dealer No. OR 0/5/2000 OtaryAND: County/Office No. OR 10/5/2000
SER STATE	Marcia J. Jennings / N  DEALERSHIP POSITION/AGENUNOTARY	Notary Expiration Date
C. C. WASTING	DEVIEWOUND LOSINGIA MANOLUMA	•
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If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.

TE-420-732 APP ATTACHMENT (R/12/96) OR Page 2 of 2

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