

Handwritten initials: *Wm/H*

KATHY HILL
SKAGIT COUNTY AUDITOR

97 OCT -7 AM 52

RETURN TO:

Norwest Escrow
32785 State Rt. 20 Suite 6
Cak Harbor, WA 98217

RECORDED _____ FILED _____
REQUEST OF _____

DOCUMENT TITLE(S) (or transactions contained herein):

Mobile Home Title Elimination

9710070066

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

|| ADDITIONAL REFERENCE NUMBERS ON PAGE _____
OF DOCUMENT.

GRANTOR(S) (Last name, first name and initials):

1. Raymond, Paula R.
2. Wilson, Judd E.
- 3.
- 4.

|| ADDITIONAL NAMES ON PAGE _____ OF DOCUMENT.

GRANTEE(S) (Last name, first name and initials):

- 1.
- 2.
- 3.
- 4.

|| ADDITIONAL NAMES ON PAGE _____ OF DOCUMENT.

LEGAL DESCRIPTION (Abbreviated: L c., lot, block, plat or quarter, quarter, section, township and range):

Tract "B" SP 43-75 ptn. Lot 1, Sec. 2, Twnshp 34 N R 3 E QM.

|| ADDITIONAL LEGAL(S) ON PAGE 3 OF DOCUMENT.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

340302-0-004-0209

|| TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGAL(S) ON PAGE _____ OF DOCUMENT.

9710070066

BK1717PG0394

MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK

RECORDED AT
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	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)	COLOR #1 TOP OR FRONT:	COLOR #2 BOTTOM OR REAR COLOR:
1990	Oakman	56x28	06910856ZAB		

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
340302-0-004-0209

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	DATE
		X	

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	SIGNATURE/TITLE	BLDG PERMIT #	DATE
	X		

5 **OWNER INFORMATION**

COUNTY #	INC	UNINC	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS	Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:	FEE'S
			2	1		FILING FEE
REGISTERED OWNERS	NAME OF FIRST REGISTERED OWNER					APPLICATION
	Paula R. Raymond					MOBILE HOME FEES
	NAME OF SECOND REGISTERED OWNER					ELIMINATION
	Judd E. Wilson					USE TAX
ADDRESS OF FIRST REGISTERED OWNER					This "NUMBER" may be found on your Washington Drivers License/ I.D. Card --OR-- if the owner is a business, provide the Unified business identifier (UBI) number.	SUB-AGENT FEES
871 Gailee Drive						
CITY STATE ZIP CODE						
Burlington WA 98233					More than two registered or one legal owner? Please use attachment forms (TD-420-732)	TOTAL FEES & TAX
NAME OF FIRST LEGAL OWNER*						
Norwest Mortgage, Inc.						
MAILING ADDRESS OF FIRST LEGAL OWNER					Please use attachment forms (TD-420-732)	\$
P.O. Box 5137						
CITY STATE ZIP CODE						
Des Moines IA 50306-5137						
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR TITLE ELIMINATION OF TITLE: X						

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:

Registered Owner Signature(s) (Title)

X
X Paula R. Raymond *Paula R. Raymond*
X Judd E. Wilson *Judd E. Wilson*

DEALER'S REPORT OF SALE

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

DEALER NAME: **SHELLEY MINER** DATE OF SALE: _____
WA DLR NO.: _____
SEALER'S AUTHORIZED SIGNATURE: _____
My Comm. Expires MAY 15, 1999

PURCHASE PRICE: \$ _____
TAX JURISDICTION/TAX RATE: _____

NOTARY OR LICENSE AGENT & NUMBER: _____ Subscribed and Sworn to Before Me This _____ Day of _____ 1999 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	SIGNATURE	DEPT. OF LICENSING	OFFICE/VEH OPERATOR NUMBER	DATE
	X		29010	10-7-97

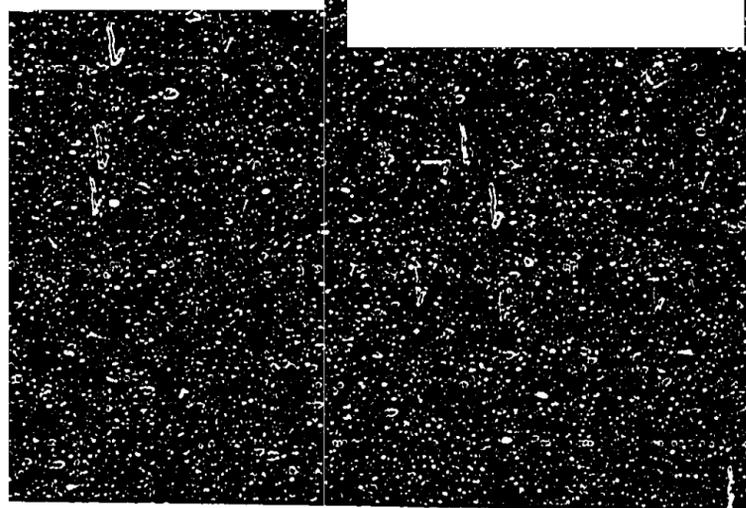
7 **RECORDING OFFICE**

This form has been recorded in the county records.

RECORDING NUMBER	COUNTY	VOLUME/PAGE	DATE
9710070066			

58171760395

UNOFFICIAL



STATE OF WASHINGTON
Department of
Licensing

MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK

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)

RECORDED AT
REQUEST OF:

MANUFACTURED HOME					
YEAR 1990	MAKE Oakman	WIDTH/LENGTH 56x28	VEHICLE IDENTIFICATION NUMBER (VIN) 06910856ZAB	COLOR #1 TOP OR FRONT	COLOR #2 BOTTOM OR REAR COLOR

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
340302-0-004-0209

TITLE COMPANY CERTIFICATION

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

NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE	DATE
		X	

NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Company Representative.

BUILDING PERMIT OFFICE CERTIFICATION *not finalized*

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 <i>Sheyl Walker</i>	SIGNATURE/TITLE <i>Permit Tech Skagit Co</i>	BLDG PERMIT # <i>21571</i>	DATE <i>5/23/96</i>
BLDG PERMIT OFFICE PHONE NUMBER <i>330-9410</i>			

OWNER INFORMATION

COUNTY # INC UNINC NUMBER OF REGISTERED OWNERS 2 NUMBER OF LEGAL OWNERS 1 Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:

NAME OF FIRST REGISTERED OWNER Paula R. Raymond	This "NUMBER" may be found on your Washington Drivers License/ I.D. Card --OR-- if the owner is a business, provide the Unified business identifier (UBI) number.	FILING FEE
NAME OF SECOND REGISTERED OWNER Judd E. Wilson		APPLICATION
ADDRESS OF FIRST REGISTERED OWNER 871 Gailee Drive		MOBILE HOME FEES
CITY STATE ZIP CODE Burlington WA 98233		ELIMINATION
NAME OF FIRST LEGAL OWNER* Norwest Mortgage, Inc.	More than two registered or one legal owner? Please use attachment forms (TD-420-732)	USE TAX
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. Box 5137		SUB-AGENT FEES
CITY STATE ZIP CODE Des Moines IA 50306-5137		TOTAL FEES & TAX
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE <input checked="" type="checkbox"/>		\$

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.

Registered Owner Signature(s) (Title)

Paula R. Raymond

Judd E. Wilson

NOTARY OR LICENSE AGENT & NUMBER Subscribed and Sworn to Before Me This Day of 19 _____ Residing in _____ County USE TAX EXEMPT Sale to Indian on the Reservation (attach notarized statement of delivery)

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

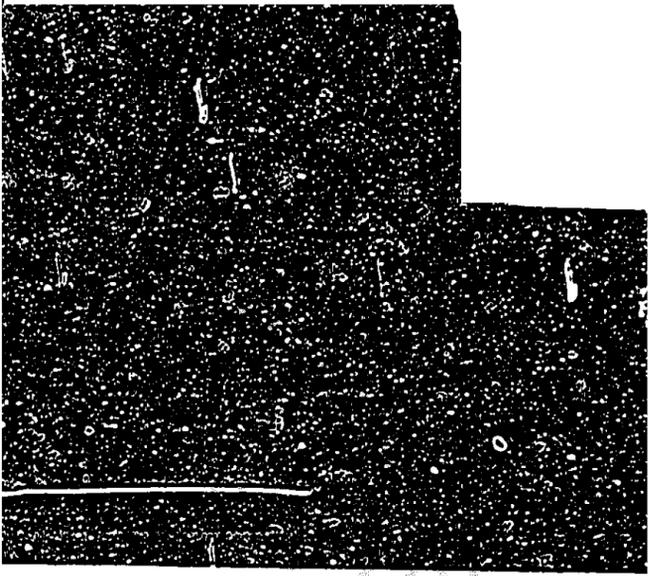
I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.

NAME <i>August</i>	SIGNATURE X	OFFICE/VFS OPERATOR NUMBER <i>2901-05</i>	DATE <i>10-7-97</i>
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DEPT. OF LICENSING
RECORDING OFFICE

This form has been recorded in the county records.

RECORDING NUMBER 9710070066	COUNTY SKAGIT	VOLUME/PAGE 717 PG 396	DATE
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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 340302-0-004-0209

Legal Description:

Tract "B" of Short Plat No. 43-75, approved October 16, 1975, recorded October 21, 1975 in Book 1 of Short Plats, at page 71, under Auditor's File No. 825109, being a portion of Government Lot 1, Section 2, Township 34 North, Range 3 East, W.M.

TOGETHER WITH a non-exclusive easement for road and utilities 30 feet in width to serve said Tract "B" as said easement is delineated on the face of said Short Plat No. 43-75 said easement running between the South line of the subject property and the North line of Gailee Drive.

DUPLICATE DOCUMENT