

**RETURN ADDRESS**

First American Title Insurance Company

160 Cascade Place, Suite 104

Burlington, WA 98233

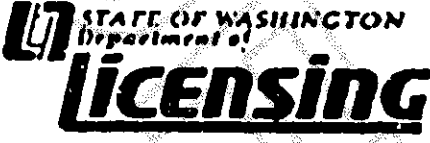
Escrow No. 56921

KATHY HILL  
SKAGIT COUNTY AUDITOR

99 JUN -7 AM 121

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RECORDED: \_\_\_\_\_ FILED: \_\_\_\_\_  
REQUEST OF \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                      |                                                        |                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                          |                                       | <b>MANUFACTURED HOME APPLICATION</b> |                                                        | <b>FIRST AMERICAN TITLE CO.</b><br>B56921                                                                                             |  |
| <p align="center"><b>PLEASE CHECK ONE</b></p> <p> <input checked="" type="checkbox"/> TITLE ELIMINATION              <input type="checkbox"/> TRANSFER IN LOCATION              <input type="checkbox"/> REMOVAL FROM REAL PROPERTY         </p>                                                                                                                                                                                                                          |                                       |                                      |                                                        |                                                                                                                                       |  |
| <b>1 MANUFACTURED HOME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                      |                                                        |                                                                                                                                       |  |
| TPO / PLATE NUMBER<br>YEAR 1990                                                                                                                                                                                                                                                                                                                                                                                                                                           | MAKE<br>Fleetwood                     | LENGTH / WIDTH / FEET<br>44 X 28     | VEHICLE IDENTIFICATION NUMBER (VIN)<br>ORFLK48A10086BS |                                                                                                                                       |  |
| <b>2 LAND</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                      |                                                        | <b>ADDITIONAL LEGAL DESCRIPTION ON PAGE _____</b>                                                                                     |  |
| MANUFACTURED HOME WILL BE: <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                      |                                                        | PROPERTY TAX PARCEL NUMBER<br>350618-1-002-0100                                                                                       |  |
| LOT<br>BLOCK<br>PLAT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SECTION / TOWNSHIP / RANGE<br>18 35 6 |                                      |                                                        | <b>TITLE FEES</b><br>FILING FEE<br>APPLICATION<br>MOBILE HOME FEE<br>ELIMINATION FEE<br>USE TAX<br>SUB-AGENT FEES<br>TOTAL FEES & TAX |  |
| A legal description can be obtained from the local County Assessor's Office. If there is not enough room here, use the Application Attachment form, TD-420-732, available at your local County Auditor's Office.<br>That portion of the Northeast 1/4 of the Northeast 1/4 of Section 18, Township 35 North, Range 6 East, W.M., lying North of State Highway 20, as conveyed to the State of Washington by Deed recorded April 24, 1958 under Auditor's File No. 564479. |                                       |                                      |                                                        |                                                                                                                                       |  |
| <b>3 GRANTOR(S) REGISTERED / LEGAL OWNER(S)</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                      |                                                        |                                                                                                                                       |  |
| COUNTY<br>Skagit                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INCORPORATED<br>UNINCORPORATED XX     | # REGISTERED OWNERS<br>2             | # LEGAL OWNERS<br>1                                    | DOL CUSTOMER ACCOUNT NUMBER<br>MCKAYSM32409                                                                                           |  |
| NAME OF FIRST REGISTERED OWNER<br>Steve McKay                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                      | CITY<br>Sedro Woolley                                  |                                                                                                                                       |  |
| ADDRESS OF FIRST REGISTERED OWNER<br>30917 State Route 20                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                      | STATE<br>WA                                            |                                                                                                                                       |  |
| NAME OF FIRST LEGAL OWNER<br>Interwest Bank                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                      | ZIP CODE<br>98284                                      |                                                                                                                                       |  |
| ADDRESS OF FIRST LEGAL OWNER<br>PO Box 449                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                      | DOL CUSTOMER ACCOUNT NUMBER<br>CITY<br>Sedro Woolley   |                                                                                                                                       |  |
| STATE<br>WA                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                      | ZIP CODE<br>98284                                      |                                                                                                                                       |  |
| <b>GRANTEE(S)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                      |                                                        |                                                                                                                                       |  |
| NAME OF FIRST GRANTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                      |                                                        |                                                                                                                                       |  |
| DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                      |                                                        |                                                                                                                                       |  |
| I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY<br>LAW THAT I / WE ARE THE REGISTERED OWNERS OF<br>THIS VEHICLE AND THIS INFORMATION IS ACCURATE:                                                                                                                                                                                                                                                                                                                           |                                       |                                      |                                                        |                                                                                                                                       |  |
| SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR<br>ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY:                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                      |                                                        |                                                                                                                                       |  |
| SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                      |                                                        |                                                                                                                                       |  |
| SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                      |                                                        |                                                                                                                                       |  |
| <b>NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                      |                                                        |                                                                                                                                       |  |
| State of Washington<br>County of Skagit<br>Steve McKay +<br>Angela McKay<br>Printed Name of Applicant<br>Title Notary<br>(DEALER'S USE ONLY)                                                                                                                                                                                                                                                                                                                              |                                       |                                      |                                                        |                                                                                                                                       |  |
| Signed or attested<br>Lydia Rupprecht<br>Signature<br>Lydia Rupprecht<br>Date<br>8-9-2001<br>AND: County Office No. OR<br>Notary Expiration Date                                                                                                                                                                                                                                                                                                                          |                                       |                                      |                                                        |                                                                                                                                       |  |
| <b>DEALER'S REPORT OF SALE</b> I certify that this information is correct. The vehicle is clear of encumbrances except as shown.                                                                                                                                                                                                                                                                                                                                          |                                       |                                      |                                                        |                                                                                                                                       |  |
| DEALER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | WA DEALER NUMBER                     |                                                        | DATE OF SALE                                                                                                                          |  |
| PURCHASE PRICE                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | TAX JURISDICTION / TAX RATE          |                                                        | DEALER'S AUTHORIZED SIGNATURE                                                                                                         |  |
| <input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).                                                                                                                                                                                                                                                                                                                                    |                                       |                                      |                                                        |                                                                                                                                       |  |
| <b>4 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 (TYPED OR PRINTED)<br>M. Medved                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                      |                                                        | COUNTY / OFFICE / OPERATOR NUMBER<br>2001 PG0389                                                                                      |  |
| SIGNATURE<br>M. Medved                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                                      |                                                        | DATE<br>8-7-99                                                                                                                        |  |

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| <b>5 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<br><b>Kerry L. Ashe</b>                                                                                                                                                                         | TITLE COMPANY/PHONE NUMBER<br><b>First American Title Company</b> |
| SIGNATURE/POSITION<br><i>Kerry L. Ashe</i>                                                                                                                                                           | DATE<br><b>(360) 404-2000 11-23-98</b>                            |
| Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.                                                                             |                                                                   |
| <b>8 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. |                                                                   |
| NAME<br><b>TISH CAMPBELL</b>                                                                                                                                                                         | SKAGIT COUNTY PERMIT CENTER <b>360/336-9410</b>                   |
| SIGNATURE/POSITION<br><i>Tish Campbell, Support Services Unit</i>                                                                                                                                    | DATE<br><b>1/7/99</b>                                             |

## 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/HEY 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 fees.

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.

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# 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: 350618-1-002-0200 M112965

| ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)                                                                                                                            |                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF REGISTERED OWNER<br>Angela McKay                                                                                                                                     | DOL CUSTOMER ACCOUNT NUMBER<br>MCKAYAR30607                                                                                                                                                                                                                              |
| NAME OF REGISTERED OWNER                                                                                                                                                     | DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                              |
| NAME OF REGISTERED OWNER                                                                                                                                                     | DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                              |
| NAME OF REGISTERED OWNER                                                                                                                                                     | DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                              |
| NAME OF REGISTERED OWNER                                                                                                                                                     | DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                              |
| NAME OF LEGAL OWNER                                                                                                                                                          | DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                              |
| NAME OF LEGAL OWNER                                                                                                                                                          | DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                              |
| NAME OF LEGAL OWNER                                                                                                                                                          | DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                              |
| NAME OF LEGAL OWNER                                                                                                                                                          | DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                              |
| NAME OF LEGAL OWNER                                                                                                                                                          | DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                              |
| SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE:                                                                                                         |                                                                                                                                                                                                                                                                          |
| SIGNATURE OF LEGAL OWNER                                                                                                                                                     | DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                              |
| SIGNATURE OF LEGAL OWNER                                                                                                                                                     | DOL CUSTOMER ACCOUNT NUMBER                                                                                                                                                                                                                                              |
| 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, imprisonment, or both. (RCW 48.12.210) |                                                                                                                                                                                                                                                                          |
| I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:                                      |                                                                                                                                                                                                                                                                          |
| SIGNATURE OF REGISTERED OWNER                                                                                                                                                | DATE                                                                                                                                                                                                                                                                     |
| SIGNATURE OF REGISTERED OWNER                                                                                                                                                | DATE                                                                                                                                                                                                                                                                     |
| SIGNATURE OF REGISTERED OWNER                                                                                                                                                | DATE                                                                                                                                                                                                                                                                     |
| SIGNATURE OF REGISTERED OWNER                                                                                                                                                | DATE                                                                                                                                                                                                                                                                     |
| SIGNATURE OF REGISTERED OWNER                                                                                                                                                | DATE                                                                                                                                                                                                                                                                     |
| NOTARY SEAL OR STAMP                                                                                                                                                         | NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE                                                                                                                                                                                                           |
|                                                                                                                                                                              | State of Washington<br>County of _____<br>Signed or attested<br>before me on _____<br>by _____<br>Printed Name of Applicant<br>Signature _____<br>Title _____<br>DEALER/SHIP Pooler/Agent/NOTARY<br>Dealer No. OR<br>AND: County/Office No. OR<br>Notary Expiration Date |

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If you need special accommodation, please call (800) 902-8800 or TDD (800) 694-8865.

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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 350618-1-002-0200 M112965

**Legal Description:**

That portion of the Northeast 1/4 of the Northeast 1/4 of Section 18, Township 35 North, Range 6 East, W.M., lying North of State Highway 20, as conveyed to the State of Washington by Deed recorded April 24, 1958 under Auditor's File No. 564479.