

RETURN ADDRESS

Ms. Judith Proper
 131 Widnor Drive
 Mount Vernon, WA 98274



199912230101

Kathy Hill, Skagit County Auditor
 12/23/1999 Page 1 of 2 1:43:23PM

P-91741-E

		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
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 46.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
&65405	1973	LEISU	63 X24	240400	
2 LAND		LEGAL DESCRIPTION ON PAGE _____			
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED		<input type="checkbox"/> REMOVED	
REAL PROPERTY TAX PARCEL NUMBER 3771-000-040-0003/P54921					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
40		Widnor Drive			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)			ADDITIONAL NAMES ON PAGE _____		
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	1		1		
NAME OF REGISTERED OWNER					
Judith M. Proper					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
131 Widnor Drive		Mount Vernon		STATE	ZIP CODE
				WA	98274
NAME OF LEGAL OWNER					
Interwest Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
P.O. Box 1649, 275 SE Pioneer Way		Oak Harbor		STATE	ZIP CODE
				WA	98277
GRANTEE					
NAME					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE <i>Judith M. Proper</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on 12/16/99	
		by Judith M. Proper PRINT NAME OF REGISTERED OWNER		Signature <i>Nancy Lea Cleave</i> NOTARY OR AGENT	
		by _____ PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY Nancy Lea Cleave	
		Title Notary DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR 9-1-02 Notary Expiration Date	
4 TITLE COMPANY CERTIFICATION					
I certify that the legal description of the land and ownership is true and correct per the real property records.					
NAME (TYPED OR PRINTED)			TITLE COMPANY / PHONE NUMBER		
SIGNATURE / POSITION			DATE		
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.					
5 BUILDING PERMIT OFFICE CERTIFICATION					
I certify that: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED)			BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #
M. Snook					
SIGNATURE / POSITION					DATE
<i>M. Snook</i>					12-8-99

6 SIGNATURE OF LEGAL OWNER

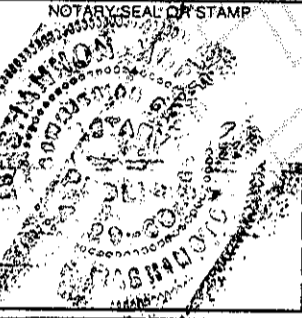
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

Steve W. Doty
 Signature of Legal Owner and Title, IF APPLICABLE

STEVE W. DOTY
 VICE PRESIDENT
 WHOLESALE LENDING DIVISION

Signature of Additional Legal Owner and Title, IF APPLICABLE



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
 County of Snohomish Signed or attested before me on 12/20/99

by Steve Doty Signature Shannon Hoffman
 PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by _____
 PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title _____ AND: County/Office No. OR
 DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR
 Notary Expiration Date 12/29/00

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

Lot 40, "WIDNOR DRIVE", as per plat recorded in Volume 9 of Plats, page 104, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

8 DEALER'S REPORT OF SALE

I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.

DEALER NAME (TYPED OR PRINTED)		WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE	

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

9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)

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) PEGGY A. RIEDELL COUNTY OFFICE/VFS OPERATOR NUMBER 29-01-04

SIGNATURE Peggy A. Riedell DATE 12/23/99

10 TITLE FEES

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing 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. Vehicle licensing subagents charge a service fee.

For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.

The Department of Licensing has
 If you need special accommodations



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