

## RETURN ADDRESS

Mr. &amp; Mrs. Robert Woolsey

933 Alexander Street

Sedro-Woolley, WA 98284



200002040100

Kathy Hill, Skagit County Auditor

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*Land Title*  
P-91424-E

STATE OF WASHINGTON Department of <b>Licensing</b>		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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1997	LAKE POINTE	58 X 56	ORFLV48A24176-LP13	
<b>2 LAND</b> LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 4156-001-020-0000/P115488	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
18,19 & ptn	20 1	Central Addition to Sedro			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE 2					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2		1		
NAME OF REGISTERED OWNER Robert Woolsey					
NAME OF ADDITIONAL REGISTERED OWNER Kim A. Woolsey					
ADDRESS		CITY	STATE	ZIP CODE	
933 Alexander Street		Sedro-Woolley	WA	98284	
NAME OF LEGAL OWNER Western Sunrise Mortgage					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
550 Kirkland Way, Suite 400		Kirkland	WA	98033	
<b>GRANTEE</b>					
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>[Signature]</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Kim A. Woolsey</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on 11/15/99	
		County of Skagit			
		by Robert Woolsey		Signature <i>[Signature]</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by Kim A. Woolsey		Nancy Lea Cleave	
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title Notary Public		AND: County/Office No. OR 9-1-02			
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date			
<b>4 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 (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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
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 #	
ARDELL McCombs		360-855-0771		5970	
SIGNATURE / POSITION		DATE			
<i>[Signature]</i> Building official		11/23/99			

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

Signature of Additional Legal Owner and Title, IF APPLICABLE



**AND:** County/Office No. OR  
Dealer No. OR  
Notary Expiration Date

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