

RETURN ADDRESS

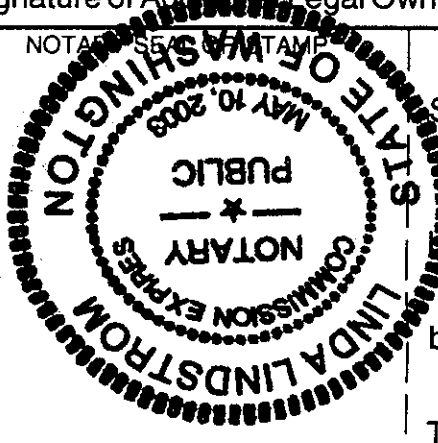
HORIZON BANK

1500 CORNWALL AVENUE

BELLINGHAM WA 98225

200002040111
Kathy Hill, Skagit County Auditor
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STATE OF WASHINGTON Department of Licensing		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 +004894	YEAR 1991	MAKE FLEET	LENGTH/WIDTH(FEET) 48 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) ORFL48A11408LP	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 3863-000-105-0100			
LOT Ptn 105	BLOCK	PLAT NAME FIRST ADDITION TO BIG LAKE WATER FRONT TRACTS		SECTION/TOWNSHIP/RANGE	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1	
NAME OF REGISTERED OWNER RADOVICH, GARY					
NAME OF ADDITIONAL REGISTERED OWNER RADOVICH, SHARON L.					
ADDRESS 19044 W. BIG LAKE BLVD		CITY MOUNT VERNON		STATE WA	ZIP CODE 98273
NAME OF LEGAL OWNER HORIZON BANK, A SAVINGS BANK					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 1500 CORNWALL AVENUE		CITY BELLINGHAM		STATE WA	ZIP CODE 98225
GRANTEE					
NAME HORIZON BANK					
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>Gary Radovich</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Sharon L Radovich</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on 1/5/2000	
		by Gary Radovich PRINT NAME OF REGISTERED OWNER		Signature <i>Marcia J. Jennings</i> NOTARY OR AGENT	
		by Sharon L. Radovich PRINT NAME OF REGISTERED OWNER		Marcia J. Jennings PRINTED NAME OF NOTARY	
		Title Notary Public for the State DEALERSHIP POSITION/AGENT/NOTARY OF Wash.		AND: County/Office No. OR 10/5/2000 Dealer No. OR 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 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) Robin Tempest		BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENTER 336-9410		BLDG PERMIT # 98-1713	
SIGNATURE / POSITION <i>Robin Tempest / Supp. Serv. Tech.</i>				DATE 2-4-00	

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 <u>Marie A Collings, Asst. Vice-Pres</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
State of Washington		County of <u>Skagit</u>		Signed or attested before me on <u>1-7-00</u>	
<u>HORNBANK</u>		Signature <u>[Signature]</u>		NOTARY OR AGENT	
PRINT NAME OF LEGAL OWNER		by <u>Marie A. Collings, Asst. VP</u>		PRINTED NAME OF NOTARY <u>Linda Lindstrom</u>	
PRINT NAME OF LEGAL OWNER		Title <u>Notary Public</u>		County/Office No. OR	
DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR <u>5-10-09</u>		Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
That portion of Lot 105, FIRST ADDITION BIG LAKE WATER FRONT TRACTS, according to the plat thereof recorded in Volume 4 of plats, page 15, records of Skagit County, Washington, lying Westerly of that portion conveyed to Skagit County for road purposes by deed recorded March 2, 1955, under Auditor's File No. 513929, records of Skagit County, Washington.					
Situating in Skagit County, 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		
<input type="checkbox"/> 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) <u>PEGGY A. RIEDELL</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-04</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>9/4/2000</u>		
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 a policy of providing equal access to its services
If you need special accommodations



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