

## RETURN ADDRESS

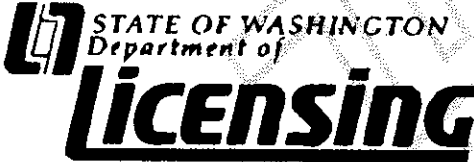
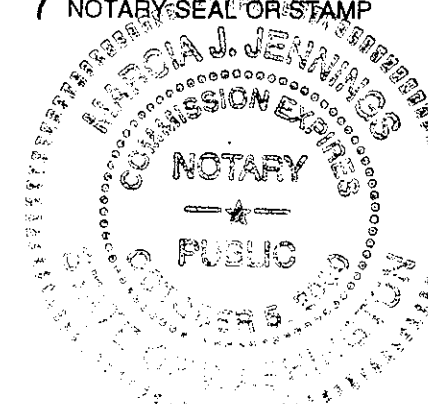
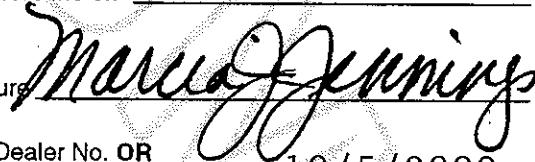
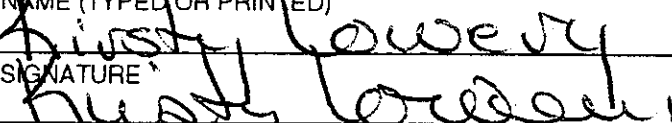
WASHINGTON MUTUAL

4111 200TH STREET SW

LLC01BK

LYNNWOOD WA 98036

200006160091  
Kathy Hill, Skagit County Auditor  
6/16/2000 Page 1 of 3 11:58:23AM

		<b>MANUFACTURED HOME APPLICATION</b>		Loan No. 01-0937-001634865-8	
		<b>PLEASE CHECK ONE</b>		Island Title SB-14262	
<input checked="" type="checkbox"/> TITLE ELIMINATION		<input type="checkbox"/> TRANSFER IN LOCATION		<input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR 1999	MAKE SKYLINE	LENGTH/WIDTH(FEET) 56 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 2191-0986-L AB	
<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 4687-000-011-0000	
LOT LOT K	BLOCK	PLAT NAME PARSON CREEK ACRES, Vol 16 Pgs		SECTION/TOWNSHIP/RANGE 149-151	
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.				TITLE FEES	
Lot K, PARSON CREEK ACRES, according to the plat thereof recorded in Volume 16 of Plats, pages 149 through 151, records of Skagit County, Washington.				FILING FEE	
Situated in Skagit County, Washington.				APPLICATION	
				MOBILE HOME FEE	
				ELIMINATION FEE	
				USE TAX	
				SUB-AGENT FEES	
				TOTAL FEES & TAX	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY # SKAGIT	INCORPORATED	UNINCORPORATED X	# REGISTERED OWNERS 2	# LEGAL OWNERS 1	
NAME OF FIRST REGISTERED OWNER POCOCK, IAN D.			DOL CUSTOMER ACCOUNT NUMBER POCOCID2400Q		
ADDRESS OF FIRST REGISTERED OWNER 3412 WOODCREST LANE SOUTHWEST			CITY SEDRO WOOLLEY	STATE WA	ZIP CODE 98284
NAME OF FIRST LEGAL OWNER WASHINGTON MUTUAL			DOL CUSTOMER ACCOUNT NUMBER		
ADDRESS OF FIRST LEGAL OWNER 4111 200TH STREET S.W. / LLC01BK			CITY LYNNWOOD,	STATE WA	ZIP CODE 98036
<b>GRANTEE(S)</b>					
NAME OF FIRST GRANTEE WASHINGTON MUTUAL			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 46.12.210)			I DO SOLEMNLY ATTEST UNDER PENALTY OF PURJURY LAW THAT I / WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:		
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY: <input checked="" type="checkbox"/>			SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE <input checked="" type="checkbox"/>		
SIGNATURE OF FIRST LEGAL 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 County of Skagit		Signed or attested before me on April 8, 1999	
		by Ian D. Pocock		Signature 	
		Printed Name of Applicant		Dealer No. OR	
		Title Marcia J. Jennings		AND: County/Office No. OR 10/5/2000	
		DEALERSHIP Position/Agent/NOTARY		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 COACH CORRAL INC		WA DEALER NUMBER 4278		DATE OF SALE 6-10-99	
PURCHASE PRICE 51400 -		TAX JURISDICTION/TAX RATE 7.8		DEALER'S AUTHORIZED SIGNATURE Linda Milbourn	
<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) Hurst Lowery				COUNTY OFFICE/VEHICLE OPERATOR NUMBER 290108	
SIGNATURE 				DATE 6/16/00	

<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	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>6 BUILDING PERMIT OFFICE CERTIFICATION</b> <i>Building Permit # 99-0187</i>	
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 <i>336-9410</i>	
NAME	BLDG PERMIT OFFICE/PHONE #
<i>TAWNEE BOSMAN</i>	<i>SKAGIT COUNTY PERMIT CENTER</i>
SIGNATURE / POSITION	DATE
<i>Tawnee Bosman</i>	<i>Support Services 03/17/00</i>

### 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/THEY 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.


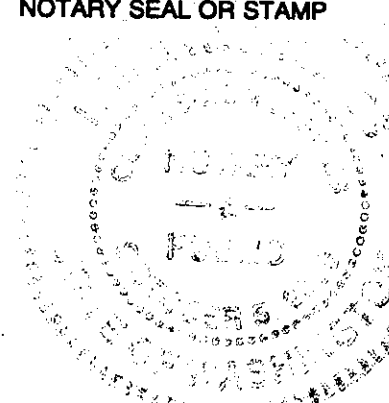
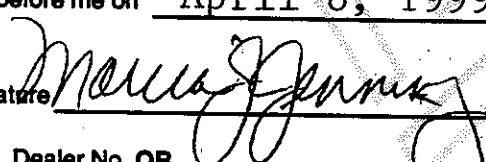


## OWNERSHIP

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: 4687-000-011-0000

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)	
NAME OF REGISTERED OWNER POCOCK, SHERRY M.	DOL CUSTOMER ACCOUNT NUMBER POCOC5M241QM
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
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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) I DO SOLEMNLY ATTEST UNDER PENALTY OF PURJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:	
SIGNATURE OF REGISTERED OWNER 	DATE 4-8-99
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
NOTARY SEAL OR STAMP 	<b>NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b> State of Washington County of <u>Skagit</u> Signed or attested before me on <u>April 8, 1999</u> by <u>SHERRY M. POCOCK</u> Printed Name of Applicant Signature  Title <u>MARCIA J. JENNINGS</u> DEALERSHIP Position/Agent/NOTARY Dealer No. OR AND: County/Office No. OR <u>10/5/2000</u> Notary Expiration Date

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If you need special accommodation please call (800) 822-8888.



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Kathy Hill, Skagit County Auditor