

RETURN ADDRESS

Land Title Company  
 P.O. Box 445  
 Burlington, WA 98233



200007100109  
 Kathy Hill, Skagit County Auditor  
 7/10/2000 Page 1 of 2 3:18:53PM

*Land Title P 92972-E*

**STATE OF WASHINGTON**  
 Department of  
**Licensing**

**MANUFACTURED HOME APPLICATION**

**PLEASE CHECK ONE**  
 TITLE ELIMINATION  
 TRANSFER IN LOCATION  
 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 <b>+103652</b>	YEAR <b>1995</b>	MAKE <b>REDMN</b>	LENGTH/WIDTH(FEET) <b>48 X 28</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>118208585</b>
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**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
**47190000440000**

LOT <b>44</b>	BLOCK	PLAT NAME <b>Bakerview West</b>	SECTION/TOWNSHIP/RANGE
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS <b>1</b>	NUMBER OF LEGAL OWNERS <b>1</b>
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NAME OF REGISTERED OWNER  
**Marie T. Stoll**

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE  
**2918 Schuller Place Mount Vernon WA 98273**

NAME OF LEGAL OWNER  
**Greenpoint Mortgage Funding, Inc.**

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE  
**330 120th Avenue Northeast Suite 210 Bellevue WA 98005**

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: *Marie T. Stoll*

Signature of Additional Registered Owner and Title, IF APPLICABLE: \_\_\_\_\_

	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington County of <b>Skagit</b>	Signed or attested before me on <b>April 14 2000</b>
	by <b>Marie T. Stoll</b> PRINT NAME OF REGISTERED OWNER	Signature <i>[Signature]</i> NOTARY OR AGENT
	by _____ PRINT NAME OF REGISTERED OWNER	<b>Jennifer J. Lind</b> PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR <b>10/01/02</b> 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:  the manufactured home has been affixed to the real property as described.  
 a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED) <b>C. JOE NATOLA, JR.</b>	BLDG PERMIT OFFICE/PHONE # <b>360-336-6214</b>	BLDG PERMIT # <b>15610</b>
SIGNATURE / POSITION <i>[Signature]</i> <b>BUILDING OFFICIAL</b>		DATE <b>7-7-2000</b>

**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 [Signature]

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>King</u>	Signed or attested before me on <u>4-25-00</u>
	<u>Debbie Ingle</u> PRINT NAME OF LEGAL OWNER	<u>[Signature]</u> Signature NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	<u>MARSHAH N. STEVENS</u> PRINTED NAME OF NOTARY
Title _____ DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>12-31-01</u>	

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

Lot 44, "PLAT OF BAKERVIEW WEST", as per plat recorded in Volume 17 of Plats, pages 13 through 16, inclusive, records of Skagit County, Washington.

Situate in the 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) <u>PEGGY A. RIEDELL</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-04</u>
SIGNATURE <u>[Signature]</u>	DATE <u>7/10/00</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.