



200009140077

Skagit County Auditor

9/14/2000 Page 1 of 2 3:50:19PM

RETURN ADDRESS

Ms. Darla G. Fetting
2901 Bakerview Place
Mount Vernon, WA 98273

P-94310-E

STATE OF WASHINGTON Department of LICENSING MANUFACTURED HOME APPLICATION PLEASE CHECK ONE

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)
2001 Skyline 28 X 38 9U910179NAB

2 LAND LEGAL DESCRIPTION ON PAGE
MANUFACTURED HOME WILL BE [X] AFFIXED [] REMOVED REAL PROPERTY TAX PARCEL NUMBER 4719-000-019-0000/P113633

LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE
19 Bakerview West

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE
COUNTY NUMBER NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS

NAME OF REGISTERED OWNER Darla G. Fetting
NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE
2901 Bakerview Place Mount Vernon WA 98273

NAME OF LEGAL OWNER Washington Mutual Bank
NAME OF ADDITIONAL LEGAL OWNER

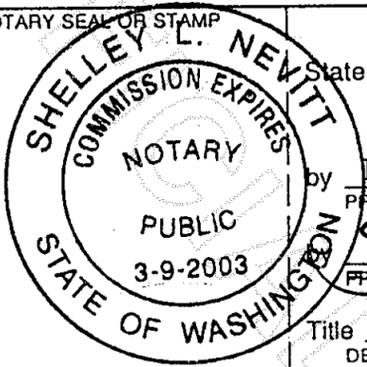
ADDRESS CITY STATE ZIP CODE
4111 200th Street S.W. Lynnwood WA 98036

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 [Signature]

Signature of Additional Registered Owner and Title, IF APPLICABLE



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
State of Washington County of Skagit Signed or attested before me on 8-23-00

by Darla G. Fetting Signature of Notary Public below
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT
Shelley L. Nevitt PRINTED NAME OF NOTARY
Notary Public Title AND: County/Office No. OR Dealer No. OR 3/09/03
DEALERSHIP POSITION/AGENT/NOTARY 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: [X] 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) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT #
Rick Prosser 360-336-6214 15808

SIGNATURE / POSITION DATE
Rick Prosser 9/8/00

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 Dorene Miller, Officer

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington _____ Signed or attested before me on August 28, 2000
County of Snohomish

by WANN Signature Averil V. Jensen
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by _____
PRINT NAME OF LEGAL OWNER

Title Notary AND: County/Office No. OR _____
Dealer No. OR 5/1/04
DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date

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

Lot 19, "PLAT OF BAKERVIEW WEST", as per plat recorded in Volume 17 of
Plat 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) COACH CORRAL INC WA DEALER NUMBER 4278 DATE OF SALE 8-25-00

PURCHASE PRICE 29780- TAX JURISDICTION/TAX RATE 7.8 DEALER'S AUTHORIZED SIGNATURE Linda Milbourn

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 9/14/00

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 opportunity.
If you need special accommodation,



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