



200011290003

Skagit County Auditor

11/29/2000 Page 1 of 2 9:51:04AM

RETURN ADDRESS

Jeannette M. Lauve

P.O. Box 2962

Mount Vernon, WA 98273

S-94711-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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	1999	Fleet	28 X 48	WAFLX31A167420G13

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER
3882-000-006-0100/R64396

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	1	1

NAME OF REGISTERED OWNER
Jeannette M. Lauve

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 2962	Mount Vernon	WA	98273

NAME OF LEGAL OWNER
Peoples Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
4183 Meridian Street	Bellingham	WA	98226

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 Jeannette M. Lauve

Signature of Additional Registered Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>11-8-00</u>
	by <u>Jeannette M. Lauve</u> PRINT NAME OF REGISTERED OWNER	Signature <u>Nancy Lea Cleave</u> NOTARY OR AGENT
	by _____ PRINT NAME OF REGISTERED OWNER	<u>Nancy Lea Cleave</u> PRINTED NAME OF NOTARY
Title <u>notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>9-1-02</u> 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.

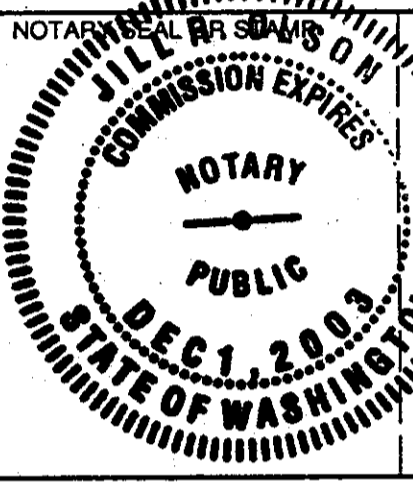
NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
<u>1154 CAMPBELL</u>	<u>SKAGIT COUNTY PERMIT CENTER 360/336-4410</u>	<u>BP00-0456</u>

SIGNATURE / POSITION	DATE
<u>Nick Campbell, Support Services Tech</u>	<u>11/27/00</u>

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 Peoples Bank
 By: Carol J Barber
 Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
 State of Washington _____
 County of Whatcom Signed or attested before me on 11/9/00
 by PEOPLES BANK BY CAROL BARBER Signature Jill R. Olson
 PRINT NAME OF LEGAL OWNER BARBER NOTARY OR AGENT
 PRINT NAME OF LEGAL OWNER _____ PRINTED NAME OF NOTARY JILL R. OLSON
 Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 12/1/2003
 DEALERSHIP POSITION/AGENT/NOTARY

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

The Northerly 52.79 feet of Tract 6, "PLAT OF CHEASTYS BIG LAKE TRACTS, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 4 of Plats, page 49, records of 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

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>Karrie Willis</u>	COUNTY OFFICE/VEH OPERATOR NUMBER <u>2901-21</u>
SIGNATURE <u>Karrie Willis</u>	DATE <u>11/29/00</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.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation:



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