

RETURN ADDRESS

Mr. and Mrs. Serge E. Urling

1520 W. Ainsworth

Pasco, WA 99301

P-92660-E



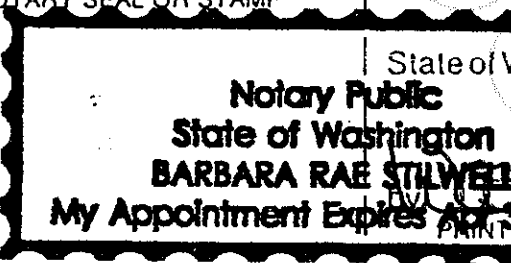
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, Skagit County Auditor

12/1/2000 Page 1 of 2 8:53:00AM

LAND TITLE COMPANY OF SKAGIT COUNTY

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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2000	Palm Harbor	27 X 66	PH204286AB	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 330404-2-007-0400/P101006	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
B				4-33-4	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		1	
NAME OF REGISTERED OWNER Serge E. Urling URLINGSE63705					
NAME OF ADDITIONAL REGISTERED OWNER Margaret E. Urling URLINME632JE					
ADDRESS		CITY	STATE	ZIP CODE	
1520 W. Ainsworth		Pasco	WA	99301	
NAME OF LEGAL OWNER Washington Mutual Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
1336 Cornwall Avenue 2nd Floor		Bellingham	WA	98225	
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 of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit Signed or attested before me on 8-11-00			
		by Serge E. Urling		Signature	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by Margaret E. Urling		Jennifer J. Lind	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		Title Notary		County/Office No. OR 10/01/02	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: 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 checked="" type="checkbox"/> 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 # 336-9410		BLDG PERMIT #	
TAMMEE BOSMAN		SKAGIT COUNTY PERMIT CENTER		B000-0594	
SIGNATURE / POSITION		DATE			
		10/31/00			

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>BH Noble, Manager</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington County of <u>Whatcom</u>		Signed or attested before me on <u>8/22/00</u>	
		by <u>BH Noble</u> PRINT NAME OF LEGAL OWNER		Signature <u>[Signature]</u> NOTARY OR AGENT	
		Title <u>Manager</u> DEALERSHIP POSITION/AGENT/NOTARY		PRINTED NAME OF NOTARY <u>Barbara Rae Stilwell</u>	
				County/Office No. OR Dealer No. OR <u>432004</u> Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot "B" Short Plat No. 91-85, approved February 24, 1992, recorded March 2, 1992 in Book 10 of Short Plats, page 66, under Auditor's File No. 9203020028 and being a portion of the North 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 4, Township 33, Range 4 East, W.M.					
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) <u>Palm Harbor</u>			WA DEALER NUMBER <u>4511</u>	DATE OF SALE <u>3/22/00</u>	
PURCHASE PRICE <u>87544.00</u>	TAX JURISDICTION/TAX RATE <u>SKAGIT 7.6%</u>	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</u>			
<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>Kristy Lowery</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-0108</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>10/1/00</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 accommo

