

RETURN ADDRESS

ESCROW NETWORK, INC.

919 124th Ave NE #207

Bellevue, WA 98005



200101180027
Skagit County Auditor

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Escrow #7373 / Escrow #: 20000437-ELS

	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)
\$32740	1978	GOLDEN SUNRISE	75 X 28	2730

2 LAND		LEGAL DESCRIPTION ON PAGE _____		
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED	<input type="checkbox"/> REMOVED	REAL PROPERTY TAX PARCEL NUMBER
		360519-0-009-3403		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE SEC 19 TNSHP 36N RNG 5 E	

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)		ADDITIONAL NAMES ON PAGE _____		
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS		
	2	2		
NAME OF REGISTERED OWNER				
JEFFERY KYLE MOFFET				
NAME OF ADDITIONAL REGISTERED OWNER				
MARYSUE LYN MOFFET				
ADDRESS	CITY	STATE	ZIP CODE	
2217 NEWBERG ROAD	SEDRO-WOOLLEY	WA	98284	
NAME OF LEGAL OWNER				
SAME AS REGISTERED OWNER				
NAME OF ADDITIONAL LEGAL OWNER				
ADDRESS				
CITY				
STATE				
ZIP CODE				

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 *Jeffery K. Moffet*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Marysue L. Moffet*

NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE		
	State of Washington	County of <u>Skagit</u>	Signed or attested before me on <u>12-13-00</u>
	by <u>JEFFERY KYLE MOFFET</u>	Signature <i>Jeffery K. Moffet</i>	NOTARY OR AGENT
	by <u>MARYSUE LYN MOFFET</u>	Signature <i>Marysue L. Moffet</i>	NOTARY OR AGENT
	by _____	Signature <i>Corene Hamilton</i>	PRINTED NAME OF NOTARY
	Title <u>TIC 291913</u>	AND: County/Office No. OR	Dealer No. OR
	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: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.		
NAME (TYPED OR PRINTED)	SAGIT CO. BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
<u>TAWNIE BOSSMAN</u>	<u>(360) 336-9410</u>	<u>94-1446</u>
SIGNATURE / POSITION	DATE	
<i>Tawnie Bossman</i> Support Services	<u>01/10/01</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 *Jeffery Kyle Moffet*

Signature of Additional Legal Owner and Title, IF APPLICABLE *Marysue Lyn Moffet*

NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>12-13-00</u>
	by <u>JEFFERY KYLE MOFFET</u> PRINT NAME OF LEGAL OWNER	Signature <i>Corenet Hamilton</i> NOTARY OR AGENT
	by <u>MARYSUE LYN MOFFET</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Corenet Hamilton</u>
Title <u>TIC 291913</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR Notary Expiration Date	

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

AS PER ATTACHED EXHIBIT "A"

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>JENNY JUNG</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>17-01-01</u>
SIGNATURE <i>Jenny Jung</i>	DATE <u>1-11-01</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 accommodations, please contact us at 1-800-541-4200.



EXHIBIT "A"

THAT PORTION OF THE NORTH ½ OF SECTION 19, TOWNSHIP 36 NORTH, RANGE 5 EAST W.M., IN SKAGIT COUNTY, WASHINGTON DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTH ½ CORNER OF SAID SECTION; THENCE NORTH 85 DEGREES 27'52" WEST ALONG THE NORTH LINE OF SAID SUBDIVISION 361.92 FEET; THENCE SOUTH 0 DEGREES 56'29" WEST 1689.05 FEET; THENCE SOUTH 86 DEGREES 16'01" EAST 62.56 FEET TO THE TUE POINT OF BEGINNING; THENCE SOUTH 0 DEGREES 56'29" WEST 293.35 FEET THENCE NORTH 86 DEGREES 10'01" WEST 397.14 FEET; THENCE NORTH 71 DEGREES 59'36" WEST 320.00 FEET; THENCE SOUTH 60 DEGREES 34'24" WEST 141.95 FEET; THENCE SOUTH 26 DEGREES 20'26" WEST 119.28 FEET; THENCE NORTH 4 DEGREES 58'01" EAST 326.90 FEET; THENCE NORTH 8 DEGREES 11'29" WEST 77.02 FEET; THENCE SOUTH 86 DEGREES 16'01" EAST 865.28 FEET TO THE TRUE POINT OF BEGINNING; MORE COMMONLY KNOWN AS PARCEL NO. 27 OF THE RECORD OF SURVEY FILED IN VOLUME 1 OF SURVEYS ON PAGE NO. 85, UNDER AUDITOR'S FILE NO. 805666, AND AS SUPPLEMENTED BY MAP FILED IN VOLUME 1 OF SURVEYS ON PAGE 110 UNDER AUDITOR'S FILE NO. 809463, RECORDS OF SAID COUNTY.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.



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UNOFFICIAL DOCUMENT