

RETURN ADDRESS

Meridian Escrow, Inc
11319 Burke Aven.
Shoreline, WA 98133



200102050157
Skagit County Auditor

2/5/2001 Page 1 of 3 12:07:40PM

ISLAND TITLE CO. B15955 ✓

| | | | |
|---|-----------------------------|---|---|
| | | 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 | |
| 1 MANUFACTURED HOME | | | |
| TPO / PLATE NUMBER | YEAR | MAKE | LENGTH / WIDTH (FEET) VEHICLE IDENTIFICATION NUMBER (VIN) |
| 6008466 | 1990 | Champ | 64 X 28 11814366 |
| 2 LAND | | | TITLE FEES |
| MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | FILING FEE |
| PROPERTY TAX PARCEL NUMBER 3939-002-002-002 | | | APPLICATION |
| LOT | BLOCK | PLAT NAME | SECTION / TOWNSHIP / RANGE |
| A legal description can be obtained from the local County Assessor's Office. If there is not enough room here, use the Application Attachment form, TD-420-732, available at your local County Auditor's Office. Lot 2, Block 2, Lake Cavanaugh Subdivision No. 3, according to the plat thereof recorded in Volume 6 of Plats, pages 25 through 31, Records of Skagit County, Washington. Situate in Skagit County, Washington | | | MOBILE HOME FEE |
| | | | ELIMINATION FEE |
| | | | USE TAX |
| | | | SUB-AGENT FEES |
| | | | TOTAL FEES & TAX |
| 3 GRANTOR(S) REGISTERED / LEGAL OWNER(S) | | ADDITIONAL NAMES ON PAGE | |
| COUNTY # | INCORPORATED | UNINCORPORATED | # REGISTERED OWNERS # LEGAL OWNERS |
| | | | 2 1 |
| NAME OF FIRST REGISTERED OWNER | | DOL CUSTOMER ACCOUNT NUMBER | |
| Magnet, Leo F. and Frances I. | | magnet F 599 RJ | |
| ADDRESS OF FIRST REGISTERED OWNER | | STATE ZIP CODE | |
| 33242 S. Shore Drive Mt. Vernon | | WA 98273 | |
| NAME OF FIRST LEGAL OWNER | | DOL CUSTOMER ACCOUNT NUMBER | |
| Western Sunn Se Mortgage | | 870214895 | |
| ADDRESS OF FIRST LEGAL OWNER | | STATE ZIP CODE | |
| 550 Kirkland Way #400 Kirkland | | WA 98033 | |
| GRANTEE(S) | | ADDITIONAL NAMES ON PAGE | |
| | | 3 | |
| NAME OF FIRST GRANTEE | | DOL CUSTOMER ACCOUNT NUMBER | |
| | | | |
| 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) | | I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I / WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: | |
| SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY: | | Leo F. Magnet by Angela Karlsten his attorney in fact | |
| X Michelle Bentley, Funder, Western Sunn Se Mortgage | | SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE | |
| SIGNATURE OF FIRST LEGAL OWNER AND TITLE, IF APPLICABLE | | SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE | |
| X Frances I Magnet by Angela Karlsten as her attorney in fact | | | |
| | | NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | |
| State of Washington County of King | | Signed or attested before me on 1/31/01 | |
| by Angela Karlsten as POA for Leo F. and Frances I Magnet | | Signature | |
| Printed Name of Applicant | | Dealer No. OR AND: County/Office No. OR Notary Expiration Date | |
| Title Notary Public | | 12/9/03 | |
| DEALERSHIP Position/Agent/NOTARY | | | |
| DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown. | | | |
| DEALER NAME | | WA DEALER NUMBER | DATE OF SALE |
| CRYSTAL R. BURRESS | | | |
| PURCHASE PRICE | TAX JURISDICTION / TAX RATE | DEALER'S AUTHORIZED SIGNATURE | |
| | | | |
| <input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery) | | | |
| 4 COUNTY AUDITOR / AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents) | | | |
| 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) | | COUNTY OFFICE / FS OPERATOR NUMBER | |
| CRYSTAL R. BURRESS | | 27-01-10 | |
| SIGNATURE | | DATE | |
| Crystal R. Burress | | 2-5-01 | |

| | |
|---|--|
| 5 TITLE COMPANY CERTIFICATION | |
| I certify that the legal description of the land and ownership is true and correct per the real property records. | |
| NAME | 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. | |
| 6 BUILDING PERMIT OFFICE CERTIFICATION 17539 | |
| I certify that the manufactured home has been affixed to the real property as described, OR a building permit has been issued for this purpose and the attachment will be inspected upon completion | |
| NAME | BLDG PERMIT OFFICE/PHONE # |
| Robin Tempest | SKAGIT COUNTY PERMIT CENTER 360-336-9410 |
| SIGNATURE / POSITION | DATE |
| Robin Tempest / Support Services Technician | 1-5-01 |

INSTRUCTIONS

COMPLETE THE APPROPRIATE BOXES ON THE FORM AS INDICATED BELOW,
DEPENDING UPON THE TRANSACTION YOU WISH TO PROCESS.

- A. Manufactured Home Title Elimination Application** (complete boxes 1, 2, 3, 4 and 6). Use to eliminate a title for a manufactured home which is to become real property.
- B. Manufactured Home Transfer In Location Application** (complete all boxes). Use **only** when a manufactured home (whose title has been eliminated) is being moved to land with a different legal description **AND** will become part of the real property to which it will be moved and affixed. If the transfer in location is between two different counties, prepare this form in duplicate and have each recorded in its respective county.
- C. Manufactured Home Removal From Real Property Application** (complete boxes 1, 2, 3, 4 and 5). Use when titling a manufactured home whose title has been previously eliminated. Once properly completed and recorded, this application becomes a supporting document along with others required to apply for a Certificate of Title for the manufactured home.

IMPORTANT: SIGNATURES OF THE OWNERS ON THE MANUFACTURED HOME APPLICATION INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 46.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/THEY OWN AND TO WHICH IT IS/WILL BE AFFIXED. IF THE MANUFACTURED HOME IS BEING REMOVED FROM REAL PROPERTY, SIGNATURES OF THE OWNERS PER THE REAL PROPERTY RECORDS INDICATE CONSENT TO THE REMOVAL. THE FORM MAY THEN BE USED FOR MAKING APPLICATION FOR TITLE WITH THE DEPARTMENT OF LICENSING AS PROVIDED BY CHAPTER 46.12 RCW.

Note: Owners of the manufactured home must own the land when the application is for a Manufactured Home Title Elimination or a Manufactured Home Transfer In Location, as provided by Chapter 65.20 RCW.

SECTION 1 Enter the description of the manufactured home.

SECTION 2 Place an "X" in the appropriate box and enter the property tax parcel number, lot, block, plat number and section/township/range, when applicable. Write a legal description in the space provided. If there is not enough room, use the Title Application Attachment (TD0420-732). When processing a "Transfer in Location Application," both boxes should be checked. The application must then be accompanied by two separate land descriptions.

SECTION 3 This area must be signed by all registered owners of the manufactured home when processing a title elimination. **If the manufactured home has been sold and is being removed from the real property, the owners per the real property records must complete this portion to obtain a Certificate of Title.** Signatures of the owners must be notarized or certified by the selling dealer or a vehicle licensing agent. Fees will include a filing and application fee plus sales or use tax due. Additional fees may include: a title elimination fee and a Mobile Home Affairs Fee. Subagents will charge an additional service fee. (Fees are subject to change without notice.)

SECTION 4 Take the properly completed Manufactured Home Application and all necessary supporting documents to the County Auditor/Licensing Agent Office for approval. Supporting documents may include but are not limited to: proof of ownership or a Manufacturer's Statement of Origin (MSO), proof of taxes paid, and applicable release(s) of interest. Subagents may **not** complete the approval portion of this form.

SECTION 5 The "Title Company Certification" box must be completed when processing a "Transfer In Location" or a "Removal From Real Property" application. **Important:** The final recorded application form must be submitted to a vehicle licensing agent within 10 days of the title company's certification.

SECTION 6 When processing an "Elimination" or "Transfer In Location" application, a city or county office (depending upon the location of the manufactured home) must certify that the home is affixed to the land; or, issue a building permit to affix the manufactured home to the land, inspecting the completed attachment. The issuing office must sign the application, adding the permit number if the inspection has not yet occurred.

IMPORTANT: Once the application has been approved by the County Auditor/Licensing Agent 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.

*The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.*



200102050157

, Skagit County Auditor

OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK TYPE OF APPLICATION: ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

PROPERTY TAX PARCEL NUMBER: 3939-002-002-0012

| ADDITIONAL GRANTOR(S) REGISTERED/LEGAL OWNER(S) | |
|---|---|
| NAME OF REGISTERED OWNER <u>Magnett, Frances J.</u> | DOL CUSTOMER ACCOUNT NUMBER <u>MAGNEFI568RT</u> |
| NAME OF REGISTERED OWNER | DOL CUSTOMER ACCOUNT NUMBER |
| NAME OF REGISTERED OWNER | DOL CUSTOMER ACCOUNT NUMBER |
| NAME OF REGISTERED OWNER | DOL CUSTOMER ACCOUNT NUMBER |
| NAME OF LEGAL OWNER | DOL CUSTOMER ACCOUNT NUMBER |
| NAME OF LEGAL OWNER | DOL CUSTOMER ACCOUNT NUMBER |
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| NAME OF LEGAL OWNER | DOL CUSTOMER ACCOUNT NUMBER |
| SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE: | |
| SIGNATURE OF LEGAL OWNER | DOL CUSTOMER ACCOUNT NUMBER |
| SIGNATURE OF LEGAL OWNER | DOL CUSTOMER ACCOUNT NUMBER |
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| SIGNATURE OF REGISTERED OWNER <u>See Page 1 of Application</u> | DATE |
| SIGNATURE OF REGISTERED OWNER | DATE |
| SIGNATURE OF REGISTERED OWNER | DATE |
| SIGNATURE OF REGISTERED OWNER | DATE |
| SIGNATURE OF REGISTERED OWNER | DATE |
| NOTARY SEAL OR STAMP | NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE |
| | State of Washington County of _____ Signed or attested before me on _____ by _____ Printed Name of Applicant Signature _____ Title _____ DEALERSHIP Position/Agent/NOTARY Dealer No. OR AND: County/Office No. OR Notary Expiration Date _____ |

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-2600.

