

RETURN ADDRESS

Shawn J. Hoines
 Julie I. Hoines
 4065 Old 99 North
 Burlington, WA 98233



200106060084

Skagit County Auditor

6/6/2001 Page 1 of 2 3:46:18PM

LAND TITLE COMPANY OF SKAGIT COUNTY

P-95951-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 6168360	YEAR 1999	MAKE MARLE	LENGTH/WIDTH(FEET) 28 X 60	VEHICLE IDENTIFICATION NUMBER (VIN) H017785
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2 LAND

LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER
360429-1-007-0002/P52058

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE 29-36-4
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER

Shawn J. Hoines

NAME OF ADDITIONAL REGISTERED OWNER

Julie I. Hoines

ADDRESS 4065 Old Hwy 99 North	CITY Burlington	STATE WA	ZIP CODE 98233
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NAME OF LEGAL OWNER
Countrywide Home Loans, Inc.

ADDRESS 1800 Tapo Canyon	CITY Simi Valley	STATE CA	ZIP CODE 93063-6712
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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 *Shawn Hoines*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Julie Hoines*

	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington County of Skagit	Signed or attested before me on 5-18-01
	by Shawn J. Hoines PRINT NAME OF REGISTERED OWNER	Signature <i>Nancy Lea Cleave</i> NOTARY OR AGENT
	by Julie I. Hoines PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY Nancy Lea Cleave
Title Notary		AND: County/Office No. OR Dealer No. OR 9-1-02 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.

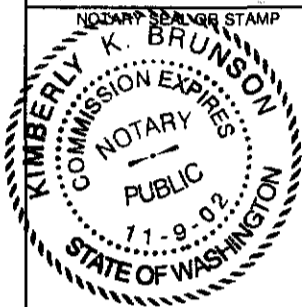
NAME (TYPED OR PRINTED) TAWNEE BOSMAN	BLDG PERMIT OFFICE/PHONE # 330 9410	BLOG PERMIT # 99-1358
SIGNATURE / POSITION <i>Tawnee Bosman</i>	DATE 06/06/01	

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 *Jean Leaf*

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of *King*

Signed or attested
before me on *11/9/02*

by *Jean Leaf*
PRINT NAME OF LEGAL OWNER

Signature *Kimberly K. Brunson*
NOTARY OR AGENT

by _____
PRINT NAME OF LEGAL OWNER

Notary
PRINTED NAME OF NOTARY

Title *Notary*
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR
Dealer No. OR *11/9/02*
Notary Expiration Date

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

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)

RODRIGO ANGULO

COUNTY OFFICE/VFS OPERATOR NUMBER

2901-05 Skagit

SIGNATURE

R. Angulo 2901-05

DATE

6.6.01

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...

