

RETURN ADDRESS

Mr. and Mrs. Gordon Leitch
 700 N. Reed Street #52
 Sedro-Woolley, WA 98284



200106080236
 Skagit County Auditor
 6/8/2001 Page 1 of 2 4:16:00PM

P-96425-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 8058176 | YEAR 1995 | MAKE Nashu | LENGTH/WIDTH(FEET) 44 X 28 | VEHICLE IDENTIFICATION NUMBER (VIN) NNID34418AB |
|-------------------------------|--------------|---------------|-------------------------------|--|

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER
4166-018-009-0013/P76717

| | | | |
|----------------|-------------|--|------------------------|
| LOT 8 and 9 | BLOCK 18 | PLAT NAME Juncation Addition to Sedro | SECTION/TOWNSHIP/RANGE |
|----------------|-------------|--|------------------------|

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

| | | |
|---------------|----------------------------------|-----------------------------|
| COUNTY NUMBER | NUMBER OF REGISTERED OWNERS 2 | NUMBER OF LEGAL OWNERS 1 |
|---------------|----------------------------------|-----------------------------|

| | | | |
|--|------------------------|-------------|-------------------|
| NAME OF REGISTERED OWNER Gordon Leitch | LEITCG*848R1 | | |
| NAME OF ADDITIONAL REGISTERED OWNER Amy G. Leitch | LEITCAG84DB3 | | |
| ADDRESS 300 Gibson | CITY Sedro-Woolley, | STATE WA | ZIP CODE 98284 |
| NAME OF LEGAL OWNER Whidbey Island Bank | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | |
| ADDRESS P.O. Box 619 | CITY Sedro-Woolley | STATE WA | ZIP CODE 98284 |

GRANTEE

NAME
Same as Grantee

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 X *Gordon Leitch*

Signature of Additional Registered Owner and Title, IF APPLICABLE X *Amy Leitch*

| | | |
|--|--|--|
| | NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | |
| | State of Washington County of Skagit | Signed or attested before me on April 24, 2001 |
| | by Gordon Leitch PRINT NAME OF REGISTERED OWNER | Signature <i>Jennifer J. Lind</i> NOTARY OR AGENT |
| | by Amy G. Leitch PRINT NAME OF REGISTERED OWNER | Jennifer J. Lind PRINTED NAME OF NOTARY |
| Title Notary DEALERSHIP POSITION/AGENT/NOTARY | AND: County/Office No. OR Dealer No. OR Notary Expiration Date 10/01/02 | |

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) Arnell McCombs | BLDG PERMIT OFFICE/PHONE # 360-855-0771 | BLDG PERMIT # 6505 |
| SIGNATURE / POSITION <i>Arnell McCombs</i> BUILDING OFFICIAL | | DATE 6/11/01 |

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 WHIDBEY ISLAND BANK
 Signature of Additional Legal Owner and Title, IF APPLICABLE _____

| | | |
|---|---|--|
| | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE | |
| | State of Washington County of <u>Skagit</u> | Signed or attested before me on <u>4-26-01</u> |
| | by <u>WHIDBEY ISLAND BANK</u> PRINT NAME OF LEGAL OWNER | Signature <u>Linda C Massingale</u> NOTARY OR AGENT |
| | by _____ PRINT NAME OF LEGAL OWNER | Printed Name of Notary <u>Linda C Massingale</u> |
| Title _____ DEALERSHIP POSITION/AGENT/NOTARY | AND: County/Office No. OR Dealer No. OR <u>10-1-04</u> Notary Expiration Date | |

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

Lots 8 and 9, Block 18, "REPLAT OF THE JUNCTION ADDITION TO SEDRO", as per plat recorded in Volume 3 of Plats, page 48, records of Skagit County, Washington.
 Situate in the City of Sedro-Woolley, 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) | 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>Harriet Willis</u> | COUNTY OFFICE/VES OPERATOR NUMBER <u>0901-2</u> |
| SIGNATURE <u>Harriet Willis</u> | DATE <u>6/8/01</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 acc

