

RETURN ADDRESS

WELLS FARGO ESCROW
 1509A RIVERSIDE DRIVE
 MOUNT VERNON, WA 98273
 #04-00228-01



200107180009
 , Skagit County Auditor

7/18/2001 Page 1 of 2 9:30:58AM


		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				FIRST AMERICAN TITLE CO.	
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
Z129836	1996	GLDWT	66 X 42	N15552	B63360
2 LAND		LEGAL DESCRIPTION ON PAGE _____			
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED		<input type="checkbox"/> REMOVED	
		REAL PROPERTY TAX PARCEL NUMBER 350401-0-004-0700			
LOT	BLOCK	PLAT NAME SP NO.	SECTION/TOWNSHIP/RANGE		
3		91-07 #9104220008	1-35N-4E		GOVT LT2
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					
Dodd, Bret J.					
NAME OF ADDITIONAL REGISTERED OWNER					
Dodd, Katherine S.					
ADDRESS		CITY		STATE	ZIP CODE
23544 Gloria Place		Sedro Woolley		WA	98284
NAME OF LEGAL OWNER					
Wells Fargo Home Mortgage					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY		STATE	ZIP CODE
1509A Riverside Drive		Mount Vernon		WA	98273
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				Bret J. Dodd	
Signature of Additional Registered Owner and Title, IF APPLICABLE				Katherine S. Dodd	
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested	
		County of Skagit		before me on 05/09/01	
		Bret J. Dodd & Katherine S. Dodd		Signature	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		Bret J. Dodd & Katherine S. Dodd		Carrie Huffer	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		Title Notary Public		AND: County/Office No. OR 12/31/03	
		DEALERSHIP POSITION/AGENT/NOTARY		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 #		BLDG PERMIT #	
Dawnie Bosman		336 9410		95-1143	
SIGNATURE / POSITION		DATE			
		07/10/01			

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 Margaret Adams Curry, Br Manager

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>5-23-01</u>
	by <u>Wells Fargo Home Mtg</u> PRINT NAME OF LEGAL OWNER <u>Branch Manager</u>	Signature <u>[Signature]</u> NOTARY OR AGENT
	by <u>Margaret Adams Curry</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Carrie Huffer</u>
Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>128143</u> Notary Expiration Date	

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

Lot 3 of Short Plat No. 91-07, approved April 18, 1991, recorded April 22, 1991, in Book 9 of Short Plats, pages 352 and 353, under Auditor's File No. 9104220008, and being a portion of Government Lot 2 in Section 1, Township 35 North, Range 4 East, W.M;
TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over Gloria Place as shown on the face of the Short Plat.

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
<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>Rodrigo Anzulo</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-9</u>
SIGNATURE <u>[Signature]</u>	DATE <u>7-18-01</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 special accommodations to individuals with disabilities. If you need special accommodations, please contact us at 1-800-541-4200.

