

RETURN ADDRESS

WHIDBEY ISLAND BANK
 339 FERRY ST
 SEDRO WOOLLEY WA 98284
 Bonnie Arendse
 6829 Costalot Lane
 Sedro-Woolley, WA 98284



200108070034
 Skagit County Auditor
 8/7/2001 Page 1 of 2 2:25:26PM

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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
00467	1981	KENTW	64 X 14	KWP125

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER
 350401-4-012-0300

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
			SEC1, TWN 35N, R4E

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
29	1	1

NAME OF REGISTERED OWNER
 BONNIE K ARENDSE

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE
 6829 COSTALOT LN SEDRO WOOLLEY WA 98284

NAME OF LEGAL OWNER
 WHIDBEY ISLAND BANK

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE
 P O BOX 990 OAK HARBOR WA 98284

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 *Bonnie Arendse*

Signature of Additional Registered Owner and Title, IF APPLICABLE _____

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

NOTARY SEAL OR STAMP: LINDA C. MASSINGALE, COMMISSION EXPIRES 10-1-2004, NOTARY PUBLIC, STATE OF WASHINGTON

State of Washington County of SKAGIT Signed or attested before me on 6/6/01

by BONNIE K ARENDSE PRINT NAME OF REGISTERED OWNER Signature *Linda C Massingale* NOTARY OR AGENT

by LINDA C MASSINGALE PRINT NAME OF REGISTERED OWNER

Title NOTARY AND: County/Office No. OR Dealer No. CR 10-1-04 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.

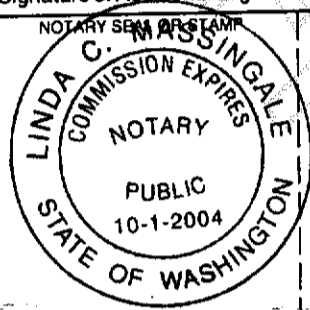
5 BUILDING PERMIT OFFICE CERTIFICATION

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) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT #
 Cindy Gauthier 336-9410 BP01-0860

SIGNATURE / POSITION DATE
Cindy Gauthier SKAGIT COUNTY PERMIT CENTER 8/7/2001

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 V.P.
 Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
 State of Washington County of SKAGIT Signed or attested before me on 6/6/01
 by WHIDBEY ISLAND BANK Signature Linda C Massingale
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT
 by _____
PRINT NAME OF LEGAL OWNER
 Title NOTARY AND: LINDA C MASSINGALE
DEALERSHIP POSITION/AGENT/NOTARY County/Office No. OR 10-1-04
Notary Expiration Date

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)
 TRACT 3 OF SKAGIT COUNTY SHORT PLAT NO. 96-0013, APPROVED JUNE 4, 1997, RECORDED JUNE 6, 1997, IN VOLUME 13 OF SHORT PLATS, PAGE 4, UNDER AUDITOR'S FILE NO. 9706060035, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 AND SOUTHWEST 1/4 OF THE SOUTH EAST 1/4 OF SECTION 1, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M.
 SITUATE IN THE 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) RODRIGO ANGULO COUNTY OFFICE/VFS OPERATOR NUMBER 2901-05
 SIGNATURE [Signature] DATE 8.7.01

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 equal access to its services. If you need special accommodations, please call 1-800-541-5900.



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