

RETURN ADDRESS

CHICAGO TITLE

3030 HOYT AVENUE

EVERETT, WA 98201



200110150164

Skagit County Auditor

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LAND TITLE COMPANY OF SKAGIT COUNTY

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)
2000 SILVERCREST 52 X 28 17711568

2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER
360413-0-001-0008

LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE
13-36-4

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
Heather Hall

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE
2955 Upper Samish Rd Sedro Woolley WA

NAME OF LEGAL OWNER
Greenpoint Mortgage Funding

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE
330-120TH AVE NE SUITE 210, BELLEVUE WA 98005

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

Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County ofSigned or attested
before me on 7-18-01by Heather Hall
PRINT NAME OF REGISTERED OWNERSignature Karen L. Cain
NOTARY OR AGENTby
PRINT NAME OF REGISTERED OWNERKaren L. Cain
PRINTED NAME OF NOTARYTitle
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR 1-26-03
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

BPO1-0019

SIGNATURE / POSITION

DATE

Cindy Gauthier

SKAGIT COUNTY PERMIT CENTER

7/23/2001

6 SIGNATURE OF LEGAL OWNER

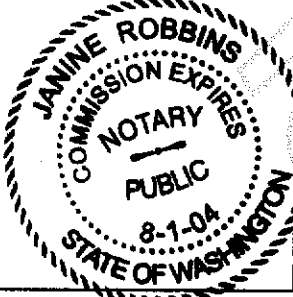
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

Staci Andrews, Operations Manager
Staci Andrews *V.P.*

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of *King*Signed or attested
before me on*8-1-04* *jr*by *Staci Andrews*
PRINT NAME OF LEGAL OWNERSignature *Janine Robbins*
NOTARY OR AGENTby
PRINT NAME OF LEGAL OWNER*Janine Robbins*
PRINTED NAME OF NOTARYTitle
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR *8-1-04*
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)***SEE ATTACHED***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)

Midway Homes

WA DEALER NUMBER

41161

DATE OF SALE

12/00

PURCHASE PRICE

45,500

TAX JURISDICTION/TAX RATE

7.9

DEALER'S AUTHORIZED SIGNATURE

Amey Clendish☐ 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)

Joey Kreuzer

COUNTY OFFICE/VFS OPERATOR NUMBER

310111

SIGNATURE

Joey Kreuzer

DATE

*10-10-01***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 Licensi.
If you need special accom200110150164
Skagit County Auditor



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. 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

Land: Properly Tax Parcel Number 36413-0-001-0008

Legal Description:

That portion of the following described tract lying Easterly of the Easterly line of the Upper Samish Road as said road existed on May 25, 1999, and lying Westerly of the Westerly line of State Highway 9, and lying Westerly of the Samish River:

That portion of the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 13, Township 36 North, Range 4 East, W.M., described as follows:

Beginning at the Southwest corner of the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of said Section 13;
thence North 29 rods;
thence East $62\frac{1}{2}$ rods;
thence Southwesterly to a point on the South line of said Section that is $48\frac{1}{2}$ rods East of the point of beginning;
thence Westerly along the South line of said Section to the point of beginning.

TOGETHER WITH any portion thereof that may attach by operation of law of the Skagit County road right of way vacated by vacation order recorded in Volume 17 of Commissioners Proceedings on page 369.

Situate in the County of Skagit, State of Washington.



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OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) name(s). 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: 300413-0-001-0008

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)	
NAME OF REGISTERED OWNER Heather Hall	DOL CUSTOMER ACCOUNT NUMBER HE267P2
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 REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
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SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE:	
SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
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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 REGISTERED OWNER	DATE
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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 _____ 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) 902-3600 or TDD (360) 664-8805.