



200111150145
Skagit County Auditor

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RETURN ADDRESS

Mr. & Mrs. James O. Armstrong
P.O. Box 75
Hamilton, WA 98255

98187-E

| | | |
|--|--|-------------------------|
| | 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 | | | | |
| TPO / PLATE NUMBER %009926 | YEAR 1990 | MAKE Berkshire | LENGTH/WIDTH(FEET) 44 X 28 | VEHICLE IDENTIFICATION NUMBER (VIN) ORFLK48A10723BS |

| | | | | |
|--|-------|---|--|--|
| 2 LAND | | LEGAL DESCRIPTION ON PAGE | | |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | REAL PROPERTY TAX PARCEL NUMBER 350710-4-009-0200 / P99203 | | |
| LOT 3 | BLOCK | PLAT NAME Revised Short Plat 96-0025 | SECTION/TOWNSHIP/RANGE 10-35-7 E W.M. | |

| | | | | |
|--|----------------------------------|-----------------------------|---------------------------------|-------------------|
| 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 James O. Armstrong | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER Teresa K. Armstrong | | | | |
| ADDRESS P.O. Box 75 | | CITY Hamilton | STATE WA | ZIP CODE 98255 |
| NAME OF LEGAL OWNER Washington Mutual Bank | | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | |
| ADDRESS 1336 Cornwall Avenue | | CITY Bellingham | STATE WA | ZIP CODE 98225 |

| |
|----------------|
| 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 *James O. Armstrong*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Teresa K. Armstrong*

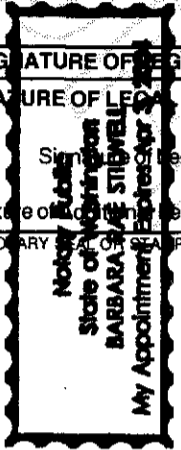
| | | |
|----------------------------------|---|---|
| | NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | |
| | State of Washington County of <u>Skagit</u> | Signed or attested before me on <u>9-13-01</u> |
| | by <u>James O. Armstrong</u> PRINT NAME OF REGISTERED OWNER | Signature <i>[Signature]</i> NOTARY OR AGENT |
| | by <u>Teresa K. Armstrong</u> PRINT NAME OF REGISTERED OWNER | PRINTED NAME OF NOTARY <u>Nancy Lea Cleave</u> |
| Title <u>Notary</u> | AND: County/Office No. OR <u>9-1-02</u> | Dealer No. OR |
| DEALERSHIP POSITION/AGENT/NOTARY | 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) <i>TAMMIE BOHMAN</i> | BLDG PERMIT OFFICE/PHONE # <i>336-9410</i> <i>SKAGIT COUNTY PERMIT CENTER</i> | BLDG PERMIT # <i>98-0826</i> |
| SIGNATURE / POSITION <i>Tammie Bohman</i> | <i>Support Services</i> | DATE <i>11/02/01</i> |

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 Pat Noble, Manager
 Signature of Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
 State of Washington County of Whatcom Signed or attested before me on 9-18-01
 by Washington PRINT NAME OF LEGAL OWNER Signature [Signature] NOTARY OR AGENT
 by Pat Noble PRINT NAME OF LEGAL OWNER Barbara Rose Strickwell PRINTED NAME OF NOTARY
 Title Manager DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date 4-3-2004

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) <u>Rodriguez Angulo</u> | COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-0</u> |
| SIGNATURE <u>[Signature]</u> | DATE <u>11/15/01</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 accomm



DESCRIPTION:

Lot 3 of Revised Short Plat 96-0025, recorded June 21, 2001, under Auditor's File No. 200106210089, records of Skagit County, Washington, being a portion of the Southeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 10, Township 35 North, Range 7 East, W.M.

TOGETHER WITH a non-exclusive easement for ingress, egress, and utilities, over and across a portion of Lot 4 as shown on the face of the short plat.

Situate in the County of Skagit, State of Washington.



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, Skagit County Auditor

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