

## RETURN ADDRESS

OLYMPIC ESCROW, INC.

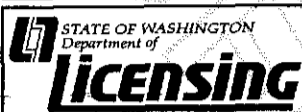
129 N. OLYMPIC AVE., #101

ARLINGTON, WA 98223

211392RM

200112040037  
Skagit County Auditor

12/4/2001 Page 1 of 2 11:26AM

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)

65833

## 1 MANUFACTURED HOME

FIRST AMERICAN TITLE CO.

TPO / PLATE NUMBER 8031103	YEAR 92	MAKE GOLDENWEST	LENGTH/WIDTH(FEET) 48 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) BD11294
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## 2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER  
R64404

LOT 13, ptn 14	BLOCK	PLAT NAME CHEASTY'S BIG LAKE TRACTS	SECTION/TOWNSHIP/RANGE
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## 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER

DONNA E. MARKLEY

NAME OF ADDITIONAL REGISTERED OWNER

WILLIAM B. REECE

ADDRESS 5011 200TH PLACE	CITY ARLINGTON	STATE WA	ZIP CODE 98223
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NAME OF LEGAL OWNER

NETWORK MORTGAGE SERVICES, INC.

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS 19101 36TH AVE. W., SUITE 103	CITY LYNNWOOD	STATE WA	ZIP CODE 98036
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## 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:

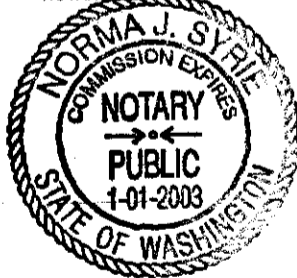
Signature of Registered Owner and Title, IF APPLICABLE

Donna E. Markley, by  
Olympic Escrow, Inc., her A.I.F.

Signature of Additional Registered Owner and Title, IF APPLICABLE

William B. Reece, by  
Olympic Escrow, Inc., her A.I.F.

NOTARY SEAL OR STAMP



## NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington  
County of SNOHOMISHSigned or attested  
before me on 10/8/01by DONNA E. MARKLEY  
PRINT NAME OF REGISTERED OWNERSignature Norma J. Syrie  
NOTARY OR AGENTby WILLIAM B. REECE  
PRINT NAME OF REGISTERED OWNERNorma J. Syrie  
PRINTED NAME OF NOTARYTitle NOTARY  
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR  
Dealer No. OR 1-1-2003  
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) TAWNEE BOSMAN SKAGIT COUNTY PERMIT	BLDG PERMIT OFFICE/PHONE # 336 9410	BLDG PERMIT # 25116
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SIGNATURE / POSITION

Tawnee Bosman, Support Services

DATE

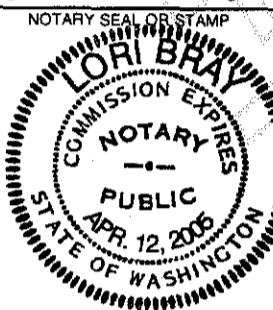
11/21/01

**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: Bonnie Sanders, V.P.

Signature of Additional Legal Owner and Title, IF APPLICABLE: \_\_\_\_\_

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**

State of Washington Snohomish Signed or attested before me on 10-15-01  
by Network mtg. services, inc. Signature Lori Bray  
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT  
by \_\_\_\_\_  
PRINT NAME OF LEGAL OWNER  
Title notary AND: \_\_\_\_\_  
DEALERSHIP POSITION/AGENT/NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date 4-12-05

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

LOT 13, THE NORTHERLY 1/2 OF LOT 14, "PLAT OF CHEASTY'S BIG LAKE TRACTS, SKAGIT COUNTY, WASHINGTON", AS PER PLAT RECORDED IN VOLUME 4 OF PLATS, ON PAGE 49, RECORDS OF SKAGIT COUNTY, 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
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PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE
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☐ **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)	COUNTY OFFICE/VFS OPERATOR NUMBER
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SIGNATURE	DATE
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**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 accommodation, please call (360) 902-2000.



200112040037  
Skagit County Auditor