

## RETURN ADDRESS

Land Title Co. of Skagit County

PO Box 445

Burlington, WA 98233

P-94057-E



200112100011

Skagit County Auditor

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STATE OF WASHINGTON Department of <b>Licensing</b>		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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2001	Marlette	52 X 26	H-019711 A/R	
<b>2 LAND</b> LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 360418-4-004-0002 P49436	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
Ptn SW SE			S18-T36N-R4E		
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2		1		
NAME OF REGISTERED OWNER Trevor Morgan					
NAME OF ADDITIONAL REGISTERED OWNER Suzanne Morgan					
ADDRESS		CITY	STATE	ZIP CODE	
2300 E. Sunset Drive, Bellingham, WA		98226			
NAME OF LEGAL OWNER InterWest Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 1649, Oak Harbor, WA		98277			
<b>GRANTEE</b>					
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		<i>Trevor Morgan</i>			
Signature of Additional Registered Owner and Title, IF APPLICABLE		<i>Suzanne Morgan</i>			
<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>					
State of Washington County of Skagit		Signed or attested before me on 11-2-2000			
by Trevor Morgan PRINT NAME OF REGISTERED OWNER		Signature <i>Shelly H. Dewitt</i> NOTARY OR AGENT			
by Suzanne Morgan PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title Notary Public DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR 3-9-2003 Dealer No. OR Notary Expiration Date			
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
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 # 836-9410		BLDG PERMIT #	
TAMMIE BOSSMAN		SKAGIT COUNTY PERMIT CENTRAL		BPD1-0191	
SIGNATURE / POSITION		DATE			
<i>Tammie Bosman</i> / Support Services		09/19/01			

**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

B. V. V. A. / Interwest Bank

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

JUANITA M. MORRIS-ANDRES  
STATE OF WASHINGTON  
NOTARY --- PUBLIC  
MY COMMISSION EXPIRES 5-10-02

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington  
County of IslandSigned or attested  
before me on 11/3/00by Interwest Bank

PRINT NAME OF LEGAL OWNER

Brian Kimball

PRINT NAME OF LEGAL OWNER

Signature

NOTARY OR AGENT

Juanita M. Morris-Andres

PRINTED NAME OF NOTARY

County/Office No. OR

AND: Dealer No. OR

Notary Expiration Date

Title  
DEALERSHIP POSITION/AGENT/NOTARY**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

2947 OVERPASS ROAD, BOW, WA 98232  
(SEE ATTACHED LEGAL DESCRIPTION)

**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)

Westgate Home Inc.

WA DEALER NUMBER

4045

DATE OF SALE

9-11-00

PURCHASE PRICE

\$46,900.00

TAX JURISDICTION/TAX RATE

7.8%

DEALER'S AUTHORIZED SIGNATURE

[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/AGENT OPERATOR NUMBER

2901-05

SIGNATURE

DATE

12-10-01**10 TITLE FEES**

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

SUBAGENT FEES

TOTAL FEES &amp; 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 Licenses  
If you need special accommodations to its services



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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: Property Tax Parcel Number 360418-4-004-0002 P49436

Legal Description:

Schedule "A-1"

P-94057-E

DESCRIPTION:

That portion of the Southwest  $\frac{1}{4}$  of the Southeast  $\frac{1}{4}$  of Section 18, Township 36 North, Range 4 East, W.M., more particularly described as follows:

Beginning at a point on the East line of the Southwest  $\frac{1}{4}$  of the Southeast  $\frac{1}{4}$ , North  $2^{\circ}11'89''$  East 265.02 feet from the Southeast corner of said Southwest  $\frac{1}{4}$  of the Southeast  $\frac{1}{4}$ ;  
thence continuing North  $2^{\circ}11'89''$  East along said East line 247.21 feet;  
thence North  $87^{\circ}32'57''$  West 1033.03 feet to the Easterly right-of-way line of Interstate 5;  
thence Southerly along said Easterly right-of-way line to a point North  $87^{\circ}03'07''$  West of the point of beginning;  
thence South  $87^{\circ}03'07''$  East 999.11 feet to the point of beginning.

TOGETHER WITH an easement for ingress, egress and utilities as set forth in easement recorded May 10, 1984, under Auditor's File No. 8405100001 (said property is also known as Tract 9 of the certain record of survey recorded November 15, 1985, in Volume 6 of Surveys, pages 141-144, inclusive, under Auditor's File No. 8511150015, records of Skagit County, Washington.)

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) names. 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: 360418-4-004-0002 P49436

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)	
NAME OF REGISTERED OWNER TREVOR MORGAN	DOL CUSTOMER ACCOUNT NUMBER WDL MORGATL251JH
NAME OF REGISTERED OWNER SUZANNE MORGAN	DOL CUSTOMER ACCOUNT NUMBER WDL MORGASH2830W
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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NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE:	
SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
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) 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 _____ DEALERSHIP Position/Agent/NOTARY 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



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