| RETURN ADDRESS Pacific Northwest Bank | 200112100214<br>Skagit County Auditor |  |  |  |  |
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| P. O. Box 1649                        | 12/10/2001 Page 1 of 3 11:59AM        |  |  |  |  |
| Oak Harbor, WA 98277                  |                                       |  |  |  |  |
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| SIGNATURE OF LE                            | GAL OWNER                  |  |                           | <del>.</del>                 |                         |                           |  | <u> </u>                |
|--|----------------------------|--|---------------------------|------------------------------|-------------------------|---------------------------|--|-------------------------|
| SIGNATURE OF LEGA                          | L OWNER IND                | ICATES CON   | SENT FOR                  |                              |                         |                           | AL FROM REAL                                 | PROPERTY.               |
| Signature of I                             | .egal Owner and            | d Title, IF APPt   | ICABLE (                  | Junus                        | 0.8                     | ule,                      | Closer                                       |                         |
| Signature of Additional I                  |                            |  |                           |                              |                         | ) ′                       |  |                         |
| NOTARY SEAL OR STA                         | 4 4 7                      |  | <del> </del>              | RTIFICATIO                   | NFORLE                  | EGAL OWNE                 | R(S) SIGNATUR                                |                         |
|  | State                      |  |                           |                              |                         | Signed or atte            | sted   | - <b>-</b> .            |
| OFFICIAL SEAL                              |                            | County or  |                           | ,,,,,,                       |                         | before m                  | 19.011                                       | $\frac{\sigma}{\Omega}$ |
| LORRAINE M. E                              | /1 /2                      | Denise S   | Engelk                    | <u></u>                      | Signa                   | ature OUTARY              | OFFAGENT                                     | Om2                     |
| NOTARY PUBLIC-STATE OF WA                  |                            | a Van  |                           |                              | LOA                     | CLAINE 1                  | M BOUZA                                      | $\cup$                  |
| My Comm Expres APRIL                       | 22,2005   by PR            | INT NAME OF LEG  | SAL OWNER                 | tw .                         |                         | ED NAME OF N              | YRATO  |                         |
|  | Title                      | NOTARY   |                           |                              |                         | AND:                      | ty/Office No. <b>OR</b> Dealer No. <b>OR</b> | 04-22-05                |
|  |                            | ALERSHIP POSIT   | ION/AGENT/NO              | TARY                         |                         | Notar                     | Expiration Date                              |                         |
| LAND DESCRIPTION                           | N (A legal des             | cription of the  | e land can b              | e obtained f                 | rom the l               | ocal County               | Assessor's Off                               | ice                     |
| Portion of<br>Township 35<br>fully descr   | North, R                   | ange 5 Ea  | ast of                    | the Will                     | st Qua<br>amette        | arter of<br>Meridi        | Section l<br>an as more                      | 9,                      |
| •  |                            |  |                           |                              |                         |                           | · ·  |                         |
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| COUNTY AUDITOR                             |                            |  |                           |                              |                         |                           |  |                         |
| certify that the above apple               |                            | s to have been o   | completed co              | rrectly, and th              | e applicar              | nt has sufficier          | nt documentation                             | to proceed with         |
| IAME (TYPED OR PRINTED)                    | ٨                          | 1_   |                           |                              | COUNTY                  | OFFICENES OP              | ERATOR NUMBER                                |                         |
| Kodri                                      | 90 thm                     | UVD  |                           |                              | _ =                     | 290 (                     | - 97   |                         |
| SIGNATURE                                  | (12)                       | $\mathcal{Q}$  |                           |                              |                         |                           | 12-1   | 0-01                    |
| 0 TITLE FEES                               |                            |  | <del></del>               |                              |                         |                           |  |                         |
|  | PLICATION                  | MOBILE HO  | DME FEE                   | ELIMINATION                  | FEE                     | USE TAX                   | SUBAG  | ENT FEES                |
|  |                            | J  |                           |                              |                         | 4                         | TOTAL  | FEES & TAX              |
|  |                            |  |                           |                              |                         |                           | And the second                               | of the second           |
| IMPORTANT:                                 | Licensing C<br>Retain proo | oplication has<br>office, take you<br>f of the record<br>application | our applica<br>rding fees | tion form to<br>paid. If the | the Cou<br>Recordin     | inty Recording Office re  | ling Office.                                 |                         |
| APPLIC                                     | Ma                         | ce recorded,<br>nufactured H   | lome Appli                | cation, payi                 | ng all re               |                           | ffice to file the<br>. Vehicle               |                         |
| For full inst<br>or Transfer               | ructions on c              | ompleting thi  | s form for<br>-420-730,   | Title Elimine<br>Manufacture | ation, Re               | emoval from<br>Applicatio | Real Property<br>n Instructions.             |                         |

The Department of Licensing If you need special accomm

200112100214 Skagit County Auditor

# STATE OF WASHINGTON licensing

### 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: | XX Title Elimination                            |  |  |  |  |
|----------------------------|---|--|--|--|--|
|                            | Removal From Real Property Transfer In Location |  |  |  |  |
| Land: Property Tax F       |   |  |  |  |  |

EXHIBIT "A"

PARCEL A:

That portion of the Southeast Quarter of the Northwest Quarter of Section 19. Township 35 North, Range 5 East of the Willamette Meridian, described as follows:

Beginning at a point on the North line of the county road along the South line of said subdivision a distance of 712 feet West of the East line of the Northwest Quarter; thence Northeasterly along the line of a line fence on the Easterly line of a tract conveyed to John M. Thornhill by Auditor's File No. 356251, records of Skagit County, Washington, a distance of 400 feet; thence East a distance of 109 feet; thence East a distance of 109 feet; thence Southwesterly parallel with said line fence a distance of 400 feet to the North line of the county road; thence West along said North line to the point of beginning;

EXCEPT the Northerly 140 feet thereof;

ALSO EXCEPT the Southerly 100 feet thereof.

### PARCEL B:

An easement for private roadway over the following described tract:

Beginning at a point on the North line of the county road seginning at a point on the North line of the county road along the South line of said Northwest Quarter a distance of 603 feet West of the East line thereof; thence Northerly along a line a distance of 109 feet East of and parallel with the aforementioned Thornhill Tract, to a point 490 feet North, measured at right angles from the North line of said road; thence East parallel with said road a distance of 15 feet; thence Southerly parallel with the first course, to the county road; thence West a distance of 15 feet to the point of beginning.

ALL situated in Skagit County, Washington.

- END OF EXHIBIT "A"

TD-420-732 APP ATTACHMENT(FV12/96)OR Page 1 of 2

2001121002 **Skagit County Auditor** 11:59AM 12/10/2001 Page

3 of 3

## **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 I THE OF APPLICAT  |  |  | /  |                          |
|--|--|--|--|--------------------------|
|  | Removal Fron   | n Real Property  | 1  |                          |
|  | ☐ Transfer In Lo   | cation   | į –  |                          |
| - / / / / / <b>/</b>   |  |  | /  |                          |
| PROPERTY TAX PARCEL N  | UMBER:   |  | <del></del> /  |                          |
|  |  |  | /  |                          |
| ADDITIONAL GRANTOR(S)  | REGISTERED / LEGAL   | OWNERIO  | /  |                          |
| NAME OF REGISTERED OWNER   | , THE HOTE LINE OF LEGAL   | - OWINER(S)  |  |                          |
|  | \  |  | DOL  | CUSTOMER ACCOUNT NUMBER  |
| NAME OF REGISTERED OWNER   |  |  |  |                          |
|  | 1  |  | / DOL  | CUSTOMER ACCOUNT NUMBER  |
| NAME OF REGISTERED OWNER   |  |  |  |                          |
|  |  |  | / DOL  | CUSTOMER ACCOUNT NUMBER  |
| NAME OF REGISTERED OWNER   |  |  |  |                          |
|  | ₹ -} } <b>\</b>  |  | /  | CUSTOMER ACCOUNT NUMBER  |
| NAME OF REGISTERED OWNER   |  |  |  | CHOYOUTE . AAA           |
|  |  |  | /  | CUSTOMER ACCOUNT NUMBER  |
| NAME OF LEGAL OWNER  |  |  | 7  | SUSTOMER ACCOUNT NUMBER  |
|  |  |  | /  | DOSTOMER ACCOUNT NUMBER  |
| NAME OF LEGAL OWNER  | of something   |  | POL /  | CUSTOMER ACCOUNT NUMBER  |
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| SIGNATURE OF LEGAL OW  | <b>NER INDICATES CONS</b>  | ENT FOR ELIMINATION  | OF TITLE.  |                          |
| SIGNATURE OF LEGAL OWNER   |  | 7.1.2  |  |                          |
|  | A Section Comments of the Comm |  | DOLC   | USTOMER ACCOUNT NUMBER   |
| SIGNATURE OF LEGAL OWNER   | 7. Jan 7. 1  |  | 501.5  |                          |
|  |  |  |  | USTOMER ACCOUNT NUMBER   |
| Anyone who knowingly make  | as a false statement of -  |  |  |                          |
| Anyone who knowingly make<br>by a fine, imprisonment, or b   | oth /BCW 46 40 040   | maracial lack is drilla  | f a felony, and upon co  | nviction may be punished |
| I DO SOLEMNI Y ATTEST UN   | JDED DENALTY OF DUE  | · •/   |  |                          |
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|  | 17 11011 12 ACCOUNT E: /   | <u> </u>   |  |                          |
| SIGNATURE OF REGISTERED OWNER  | A  |  |  | DATE                     |
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|  | State of Washington  | 8 8  | Signed or attested   |                          |
|  | County of  | <u></u>  | before me on   |                          |
| i  | i /  |  | t and the same of the same   |                          |
|  | , /by  |  | Signature  |                          |
|  | Printed N  | lame of Applicant  |  |                          |
| /  |  |  | Dealer No. OR  | Į.                       |
| //   | TaleDEALEDSHIP   | Danislanda   | AND: County/Office No  | . OR                     |
| /  | ) DEALERSHIP   | Position/Agent/NOTARY  | Notary Expiration  | Date                     |
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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) 664-8885.

TD-420-732 APP ATTACHMENT(R/12/96)OR Page 2 of 2