

RETURN ADDRESS

Pacific Northwest Bank

P. O. Box 1649

Oak Harbor, WA 98277

Loan No. 0370731526



200112100214

Skagit County Auditor

12/10/2001 Page 1 of 3 11:59AM

STATE OF WASHINGTON Department of Licensing		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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
\$30764	1968	LESMR	57T X 20	9685	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 350519-0-131-0013 P39730	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE 19-35-5		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2		1		
NAME OF REGISTERED OWNER HAYES, JOSEPH D.					
NAME OF ADDITIONAL REGISTERED OWNER HAYES, BUNNI J.					
ADDRESS		CITY	STATE	ZIP CODE	
9452 Pierce Lane		Sedro Woolley	WA	98284	
NAME OF LEGAL OWNER Pacific Northwest Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
P. O. Box 1649		Oak Harbor,	WA	98277	
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 <i>Joseph D. Hayes</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Bunni J. Hayes</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit Signed or attested before me on 12/3/01 by Joseph D. Hayes PRINT NAME OF REGISTERED OWNER Signature <i>Marcia J. Jennings</i> NOTARY OR AGENT by Bunni J. Hayes PRINT NAME OF REGISTERED OWNER Marcia J. Jennings PRINTED NAME OF NOTARY Title Notary Public AND: County/Office No. OR Dealer No. OR 10/5/2004 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 checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input 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 #		BLDG PERMIT #	
TAMMIE BOOMAN SKAGIT COUNTY ADMIN. CENTER		336 9410		321	
SIGNATURE / POSITION		DATE			
<i>Tammie Booman</i> Supervisor Services		12/07/01			

6 SIGNATURE OF LEGAL OWNER

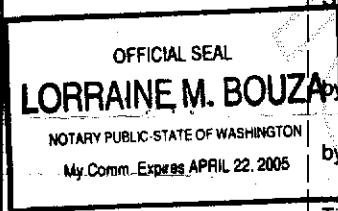
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

Denise S. Engelke, Owner

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*ISLAND*Signed or attested
before me on*12-05-01**Denise S. Engelke*
PRINT NAME OF LEGAL OWNER

Signature

Lorraine M Bouza
NOTARY OR AGENTby
PRINT NAME OF LEGAL OWNER*LORRAINE M BOUZA*
PRINTED NAME OF NOTARYTitle *NOTARY*

DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR
Dealer No. OR *04-22-05*
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Portion of Southeast Quarter of the Northwest Quarter of Section 19,
Township 35 North, Range 5 East of the Willamette Meridian as more
fully described in TD-420-792, page 1.

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)

Rodrigo Amulo

COUNTY OFFICE/VFS OPERATOR NUMBER

2901-9

SIGNATURE

[Signature]

DATE

*12-10-01***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 Licensing
If you need special accomm



200112100214

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 350519-0-131-0013

Legal Description:

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 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 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"



200112100214
Skagit County Auditor

12/10/2001 Page 3 of 3 11:59AM

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:

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)	
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 REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
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
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
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) 664-8885.