

RETURN ADDRESS

Mr. & Mrs. Ken Schacht
 P.O. Box 633
 LaConner, WA 98257



200201020114
 Skagit County Auditor

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P-98930-E

LAND TITLE COMPANY OF SKAGIT COUNTY

		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)	
#113255	1990	FLEET	28 X 60	WAFL31A09021BA	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 4128-007-009-0039/P74289		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
9	7	Syndicate Add.			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		1	
NAME OF REGISTERED OWNER					
Kenneth G. Schacht					
NAME OF ADDITIONAL REGISTERED OWNER					
Margaret M. Schacht					
ADDRESS		CITY	STATE	ZIP CODE	
P.O. Box 633		LaConner	WA	98257	
NAME OF LEGAL OWNER					
Pacific Northwest Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
P.O. Box 1649, 275 SE Pioneer Way,		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>Kenneth G. Schacht</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Margaret M. Schacht</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on 12-5-01	
		by Kenneth G. Schacht PRINT NAME OF REGISTERED OWNER		Signature <i>Nancy Lea Cleave</i> NOTARY OR AGENT	
		by Margaret M. schacht PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY Nancy Lea Cleave	
		Title Notary		AND: County/Office No. OR 9-1-02 Dealer No. OR Notary Expiration Date	
		DEALERSHIP POSITION/AGENT/NOTARY			
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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
TAMMEE BOYD		352-9410		21015	
SIGNATURE / POSITION				DATE	
<i>Tammee Boyd</i>				12/20/01	

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 By: Denise Engelke, Landowner
 Pacific Northwest Bank

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP OFFICIAL SEAL LORRAINE M. BOUZA NOTARY PUBLIC-STATE OF WASHINGTON My Comm. Expires APRIL 22, 2005	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of <u>ISLAND</u>		Signed or attested before me on <u>12-11-01</u>
	by <u>Denise Engelke</u> PRINT NAME OF LEGAL OWNER	Signature <u>Lorraine M Bouza</u> NOTARY OR AGENT	PRINTED NAME OF NOTARY <u>LORRAINE M BOUZA</u>
	by _____ PRINT NAME OF LEGAL OWNER	Title <u>NOTARY</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR _____ Dealer No. OR <u>04-22-05</u> Notary Expiration Date

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

Lot 9, Block 7, "MAP OF SYNDICATE ADDITION TO THE TOWN OF LA CONNER, SKAGIT CO., WASH.", as per plat recorded in Volume 2 of Plats, page 109, records of Skagit County, Washington.

Situate in the Town of LaConner, County of Skagit, State of 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
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE
<input type="checkbox"/> 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>PERRY A. RIEDELL GRAHAM</u>	COUNTY OFFICE/AGENT OPERATOR NUMBER <u>29-01-04</u>
SIGNATURE <u>Perry A. Riedell Graham</u>	DATE <u>1/2/02</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 accommodations, please contact us at 1-800-541-5900.

