

## RETURN ADDRESS

Wells Fargo Home Mortgage Inc.  
800 La Salle Avenue, Suite 1000  
Minneapolis, MN 55402



200204190139  
Skagit County Auditor

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ISLAND TITLE CO. B19677

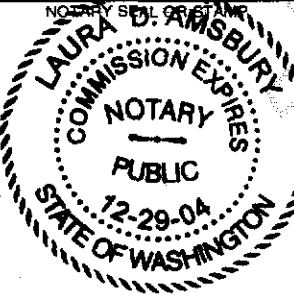
STATE OF WASHINGTON Department of <b>Licensing</b>		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement 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)	
%128421	1995	SKYLI	27 X 48	2T911123HAB	
<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 3869-015-030-0006	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
30	0	Cape Horn On The Skagit No. 2			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		1		1	
NAME OF REGISTERED OWNER CHEREDNIK, ELIZABETH A.					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY		STATE	ZIP CODE
42064 Pine Street		Sedro Woolley		WA	98284
NAME OF LEGAL OWNER Wells Fargo Home Mortgage, Inc.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY		STATE	ZIP CODE
800 La Salle Avenue, Suite 1000		Minneapolis		MN	55402
<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 <u>Elizabeth A. Cherednik</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP 		<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>			
		State of Washington County of <u>Skagit</u>		Signed or attested before me on <u>4/1/2002</u>	
		by <u>Elizabeth A. Cherednik</u> PRINT NAME OF REGISTERED OWNER		Signature <u>Marcia J. Jennings</u> NOTARY OR AGENT	
		by _____ PRINT NAME OF REGISTERED OWNER		Marcia J. Jennings PRINTED NAME OF NOTARY	
		Title <u>Notary Public</u>		AND: County/Office No. OR Dealer No. OR <u>10/5/2004</u> Notary Expiration Date	
		DEALERSHIP POSITION/AGENT/NOTARY		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 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 #	
TANNEE BOSMAN		360 9410		98-0896	
SIGNATURE / POSITION		DATE			
<u>Tannee Bosman</u> Support Services		04/11/02			

**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 Alvin Y. Wong Assistant Secretary

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

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <u>Snohomish</u>	Signed or attested before me on <u>4-3-02</u>
	by <u>Alvin Y. Wong</u> PRINT NAME OF LEGAL OWNER <u>Wells Fargo Home Mortgage</u> by <u>Wells Fargo Home Mortgage</u> PRINT NAME OF LEGAL OWNER	Signature <u>Laura D. Amsbury</u> NOTARY OR AGENT PRINTED NAME OF NOTARY <u>Laura D. Amsbury</u>
	Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>12/29/04</u> Notary Expiration Date

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

Lot 30, Block 0, CAPE HORN ON THE SKAGIT, DIVISION NO. 2, according to the plat thereof recorded in Volume 9 of Plats, page 14, 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
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE	
<input type="checkbox"/> <b>USE TAX EXEMPT</b> 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>Kirsty Lowery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>Kirsty Lowery</u>	DATE <u>4/19/02</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 accommodation



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Skagit County Auditor