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Skagit County Auditor

6/3/2002 Page 1 of 2 3:26PM

## RETURN ADDRESS

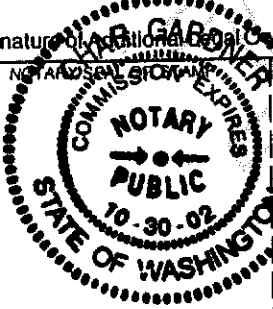
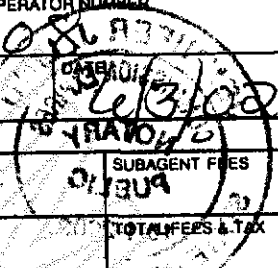
Mr. and Mrs. Clyde L. Martin

29411 S. Skagit Hwy

Sedro-Woolley, WA 98284

P-100534-E

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 <b>\$29630</b>	YEAR <b>1978</b>	MAKE <b>CNCRD</b>	LENGTH/WIDTH(FEET) <b>40 X 24</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>4392</b>	
<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 <b>350525-3-005-0202/P40197</b>	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE <b>25-33-5</b>		
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS <b>2</b>		NUMBER OF LEGAL OWNERS <b>1</b>	
NAME OF REGISTERED OWNER <b>Clyde L. Martin</b>					
NAME OF ADDITIONAL REGISTERED OWNER <b>Jane K. Martin</b>					
ADDRESS <b>29411 S. Skagit Hwy</b>		CITY <b>Sedro-Woolley</b>	STATE <b>WA</b>	ZIP CODE <b>98284</b>	
NAME OF LEGAL OWNER <b>Whidbey Island Bank</b>					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS <b>265 York Street</b>		CITY <b>Bellingham</b>	STATE <b>WA</b>	ZIP CODE <b>98225</b>	
<b>GRANTEE</b>					
NAME <b>Same as Grantor</b>					
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
		<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>			
		State of Washington County of <b>Skagit</b>		Signed or attested before me on <b>5-21-02</b>	
		by <b>Clyde L. Martin</b> PRINT NAME OF REGISTERED OWNER		Signature	
		by <b>Jane K. Martin</b> PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT <b>Jennifer J. Lind</b>	
		Title <b>Notary</b> DEALERSHIP POSITION/AGENT/NOTARY		PRINTED NAME OF NOTARY <b>Jennifer J. Lind</b>	
				County/Office No. OR Dealer No. OR <b>10/01/02</b>	
				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) <b>Georgine Bosson</b>		BLDG PERMIT OFFICE/PHONE # <b>360-336-9410</b>		BLDG PERMIT # <b>BP02-0521</b>	
SIGNATURE / POSITION 		<b>SKAGIT COUNTY PERMIT CENTER</b>		DATE <b>5/31/02</b>	

<b>6 SIGNATURE OF LEGAL OWNER</b>			
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.			
Signature of Legal Owner and Title, IF APPLICABLE <u>Elizabeth A. Marks</u>			
Signature of Additional Legal Owner and Title, IF APPLICABLE _____			
<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>			
	State of Washington County of <u>SKAGIT</u>		Signed or attested before me on <u>05-22-02</u>
	<u>Wadey Island Bank</u> Signature		NOTARY OR AGENT
	by <u>ELIZABETH A. MARKS CHAR. GARDNER</u>		PRINTED NAME OF NOTARY
	Title _____		AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>10-30-02</u>
DEALERSHIP POSITION/AGENT/NOTARY			
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>			
Lot 3 of Short Plat No. 158-79, approved July 15, 1980, and recorded July 17, 1980, in Volume 4 of Short Plats, page 141, under Auditor's File No. 8007170037, records of Skagit County, Washington; being a portion of the Southeast 1/4 of the Southwest 1/4 of Section 25, Township 35 North, Range 5 East, W.M.			
Situate in the County of Skagit, State of Washington.			
<b>8 DEALER'S REPORT OF SALE</b>			
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).			
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>			
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>Hirsty Lowery</u>		COUNTY OFFICE/VFS OPERATOR NUMBER <u>296108187</u>	
SIGNATURE <u>Hirsty Lowery</u>			
<b>10 TITLE FEES</b>			
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE
			USE TAX
			SUBAGENT FEES
			TOTAL FEES & TAX
<p><b>IMPORTANT:</b> 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.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>APPLICANTS:</b> 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.</p> </div> <p>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.</p>			

The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodations, please call 1-800-541-2245.

