

RETURN ADDRESS



200212170156  
Skagit County Auditor

12/17/2002 Page 1 of 2 4:07PM

ISLAND TITLE CO. B18645

**STATE OF WASHINGTON**  
Department of  
**Licensing** **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**

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) |
|                            | 2000 | Palm Harbor | 68 X 29            | PH203850A/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<br>330402-1-001-0101/P16192 |                                 |
| LOT  | BLOCK | PLAT NAME | SECTION/TOWNSHIP/RANGE<br>2/33N/4E                          |                                 |

|   |                             |                        |                                |  |
|---|-----------------------------|------------------------|--------------------------------|--|
| <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  
JAMES V. OWENS

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE  
22496 Amick Road Mount Vernon Washington 98273

NAME OF LEGAL OWNER  
WASHINGTON MUTUAL BANK

NAME OF ADDITIONAL LEGAL OWNER

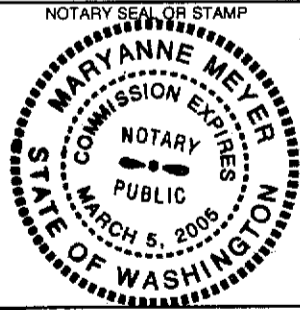
ADDRESS CITY STATE ZIP CODE  
1336 Cornwall Avenue/6613LWA Bellingham Washington 98225

**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 James V. Owens  
JAMES V. OWENS

Signature of Additional Registered Owner and Title, IF APPLICABLE



**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

State of Washington County of Skagit Signed or attested before me on 12-3-2001

by James V. Owens Signature Mary Anne Meyer  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by \_\_\_\_\_  
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title \_\_\_\_\_ AND: County/Office No. OR Dealer No. OR3-5-05 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  
Mary Anne Meyer Island Title Company 360-757-1494

SIGNATURE / POSITION DATE  
Escrow Closer

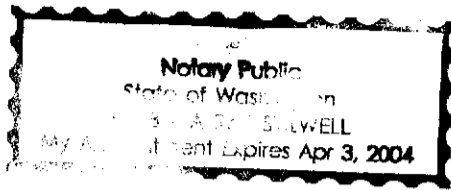
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

**5 BUILDING PERMIT OFFICE CERTIFICATION**

I certify that:  the manufactured home has been affixed to the real property as described.  
 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 #  
Georgine Basson SKAGIT COUNTY PERMIT CENTER BPO1-1083

SIGNATURE / POSITION DATE  
Georgine Basson Support Services 12/16/02



**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: BA Noble, manager

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

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**

State of Washington County of Whatcom Signed or attested before me on 12-17-01

by Washington Medical Signature [Signature] NOTARY OR AGENT  
PRINT NAME OF LEGAL OWNER

by BA Noble Signature Barbara Sue Stillwell  
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title Manager AND: County/Office No. OR Dealer No. OR Notary Expiration Date

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

The South Half of the Northeast Quarter of the Southwest Quarter of the Northeast Quarter of Section 2, Township 33 North, Range 4 East of the Willamette Meridian

Situated in 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) Palm Harbor Village WA DEALER NUMBER 4511 DATE OF SALE 8-8-01

PURCHASE PRICE \$69,000.00 TAX JURISDICTION/TAX RATE Skagit 7.6% DEALER'S AUTHORIZED SIGNATURE [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 Angulo COUNTY OFFICE/VFS OPERATOR NUMBER 29078

SIGNATURE [Signature] DATE 12/17/2002

**10 TITLE FEES**

| FILING FEE | APPLICATION | MOBILE HOME FEE | ELIMINATION FEE | USE TAX | SUBAGENT FEES               |
|------------|-------------|-----------------|-----------------|---------|-----------------------------|
|            |             |                 |                 |         |                             |
|            |             |                 |                 |         | <b>TOTAL FEES &amp; TAX</b> |

**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...

