

RETURN ADDRESS

Land Title Escrow  
 P.O. Box 445  
 Burlington, WA 98233  
 P-09413-E



200302120119  
 Skagit County Auditor

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**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)

**1 MANUFACTURED HOME**

TPO / PLATE NUMBER %139362	YEAR 1996	MAKE Moduline/ Madison	LENGTH/WIDTH(FEET) 40X28	VEHICLE IDENTIFICATION NUMBER (VIN) 115737
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**2 LAND** **LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER 4384-000-020-0004

LOT 20	BLOCK	PLAT NAME Eastwind	SECTION/TOWNSHIP/RANGE
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** **ADDITIONAL NAMES ON PAGE**

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER  
ZALESKI, JOHN H.

NAME OF ADDITIONAL REGISTERED OWNER  
ZALESKI, DIANA M.

ADDRESS 1707 N. 33RD PLACE	CITY MT. VERNON	STATE WA	ZIP CODE 98273
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NAME OF LEGAL OWNER  
IRWIN MORTGAGE CORPORATION, its successors and/or assigns

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS 20501 S. AVALON BLVD.	CITY CARSON	STATE CA	ZIP CODE 90746
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**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 \_\_\_\_\_

Signature of Additional Registered Owner and Title, IF APPLICABLE Diana M. Zaleski

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

State of Washington Skagit County of Skagit Signed or attested before me on Feb. 5, 2003

by John H. & Diana M. Zaleski Signature \_\_\_\_\_  
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by John H. & Diana M. Zaleski Michelle E. McInerney  
 PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR Dealer No. OR 2/25/2006  
 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  
 Land Title Company/(360)707-2158

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:  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) <u>ROBERT OSBORNE</u>	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
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SIGNATURE / POSITION Robert Osborne BUILDING INSP DATE 10-15-01

**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 *[Signature]* Manager

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

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of <del>Washington</del> <u>California</u> <del>Washington</del> County of <del>Skagit</del> <u>SNDHOMISH</u>	Signed or attested before me on <u>2-10-03</u>
	by <u>DANIEL D. RIKE, MANAGER</u> PRINT NAME OF LEGAL OWNER	Signature <u><i>[Signature]</i></u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	Signature <u>MELANIE D. RIKE</u> PRINTED NAME OF NOTARY
Title <u>NOTARY</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR <u>4/9/04</u> 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)**

Lot 20, "PLAT OF EASTWIND", as per plat recorded in Volume 12 of Plats, pages 31 and 32, records of Skagit County, Washington.  
  
 Situate in the City of Mount Vernon, 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)	COUNTY OFFICE/VES OPERATOR NUMBER
<u>PEGGY A. RIEDELL-GRAHAM</u>	<u>29-01-04</u>
SIGNATURE	DATE
<u><i>[Signature]</i></u>	<u>2/12/03</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 Lic  
If you need special acc



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