

RETURN ADDRESS

FIRST AMERICAN TITLE
 160 CASCADE PL. #104
 BURLINGTON, WA 98233



200302200106
 Skagit County Auditor

2/20/2003 Page 1 of 2 11:28AM

B69675

STATE OF WASHINGTON Department of Licensing **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**
 TITLE ELIMINATION
 TRANSFER IN LOCATION
 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 8240046	YEAR 2003	MAKE FLTWD	LENGTH/WIDTH(FEET) 66 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) ORFL24829076LP13
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2 LAND **LEGAL DESCRIPTION ON PAGE** _____
 MANUFACTURED HOME WILL BE AFFIXED REMOVED
 REAL PROPERTY TAX PARCEL NUMBER
 4747-000-002-0000 P116226

LOT 2	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Plat of Willard Estates	QUARTER/QUARTER SECTION
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) **ADDITIONAL NAMES ON PAGE** _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER ROCKEY A DAVIS	DOL CUSTOMER ACCOUNT NUMBER DAVISRA485PE
NAME OF ADDITIONAL REGISTERED OWNER SHIRLEY A DAVIS	DOL CUSTOMER ACCOUNT NUMBER DAVISSJ444KF

ADDRESS 39915 WILLARD LN	CITY CONCRETE	STATE WA	ZIP CODE 98237
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NAME OF LEGAL OWNER GOLF SAVINGS BANK	DOL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL LEGAL OWNER P.O. BOX 5857	DOL CUSTOMER ACCOUNT NUMBER

ADDRESS P.O. BOX 5857	CITY LYNNWOOD, WA	STATE WA	ZIP CODE 98046-5857
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GRANTEE
 NAME
 SAME AS REGISTERED OWNERS

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: *Rockey A Davis by Cathy Jaff Agent for FATCO*
 Signature of Additional Registered Owner and Title, IF APPLICABLE: *Shirley A Davis by Cathy Jaff Agent for FATCO*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 1.30.03

by Cathy Jaff, Agent Signature Kim M. Kerr
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Cathy Jaff, Agent Signature Kim M. Kerr
 PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR Dealer No. OR 12/15/05
 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 _____

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) Georgine Bosson BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENTER 336-9410 BLDG PERMIT # 6P02-0958

SIGNATURE / POSITION Georgine Bosson Support Services DATE 2/12/03

TD-420-729 MANUF HOME APPL (R/2/00)OR (W)Page 2 of 2
 The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 902-3600.

8 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 of Additional Legal Owner and Title, IF APPLICABLE

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's
 Lot 2, Plat of Whittall Estates, as recorded December 23, 1999 under Auditor's File No. 199912230062.

6 NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
 State of Washington
 County of Skagit
 Signed or attested before me on 2/20/03
 by *[Signature]*
 PRINT NAME OF LEGAL OWNER
 PRINT NAME OF NOTARY
 County/Office No. OR Dealer No. OR
 AND: Notary Expiration Date
 DEALERSHIP POSITION/AGENT/NOTARY
 Title
[Signature]
 PRINTED NAME OF LEGAL OWNER
 PRINTED NAME OF NOTARY
 County/Office No. OR Dealer No. OR
 AND: Notary Expiration Date
 DEALERSHIP POSITION/AGENT/NOTARY
 Title

5 SIGNATURE OF LEGAL OWNER
 Signature of Legal Owner and Title, IF APPLICABLE
 Signature of Additional Legal Owner and Title, IF APPLICABLE

4 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

3 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.

2 APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the
 Manufacturer Home Application, paying all required fees. Vehicle
 licensing subagents charge a service fee.
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.

10 TITLE FEES
 FILING FEE
 APPLICATION
 MOBILE HOME FEE
 ELIMINATION FEE
 USE TAX
 SUBAGENT FEES
 TOTAL FEES & TAX

NAME (TYPED OR PRINTED)
Therrie Horne
COUNTY OFFICER/SUPERVISOR NUMBER
2901-21
SIGNATURE
[Signature]
DATE
2/20/03

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.