



200302280032  
Skagit County Auditor

2/28/2003 Page 1 of 2 8:47AM

RETURN ADDRESS

Animas Mountain Mortgage

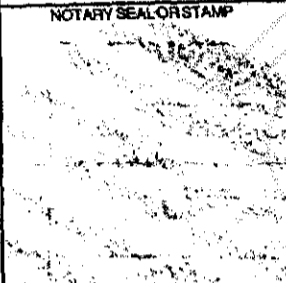
P O Box 3995

Durango, CO. 81302

AND TITLE COMPANY OF SKAGIT COUNTY

103327E

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 +080511	YEAR 1995	MAKE Manor	LENGTH/WIDTH/FEET 67 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) VMHI2821W51751	
<b>2 LAND</b>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 4130-002003-000	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1	
NAME OF REGISTERED OWNER Dean D. Wright and Betty L. Wright, husand and wife				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 31451 W. 3rd St., Lyman, Wa.		CITY 98263		STATE ZIP CODE	
NAME OF LEGAL OWNER FLAGSTAR BANK, FSB				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 5151 Corporate Drive, Troy,		CITY MI		STATE ZIP CODE 48098	
<b>GRANTEE</b>					
NAME Same as Grantor					
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 <i>Dean D. Wright</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Betty L. Wright</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Yuma Signed or attested before me on January 8th 2003 Signature <i>Erica Rosas</i> NOTARY OR AGENT PRINTED NAME OF NOTARY Erica Rosas County/Office No. OR Dealer No. OR AND: Notary Expiration Date 9/19/05			
<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) Georgina Rossen		BLDG PERMIT OFFICE/PHONE # 336-9410		BLDG PERMIT # BP02-0825	
SIGNATURE / POSITION <i>Georgina Rossen</i>		SKAGIT COUNTY PERMIT CENTER		DATE 2/27/03	

<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 <span style="float: right;"><u>John Marecki, First Vice President</u></span>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
	State of <del>Washington</del> <u>Michigan</u>		Signed or attested before me on <u>2/14/03</u>		
	County of <u>Oakland</u>				
	by <u>John Marecki</u>		Signature <u>Eileen Uhlinger</u>		
	PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT		
by _____		PRINTED NAME OF NOTARY			
PRINT NAME OF LEGAL OWNER		County/Office No. OR			
Title _____		Dealer No. OR <u>1/18/06</u>			
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date			
<b>7 LAND DESCRIPTION</b> (A legal description of the land can be obtained from the local County Assessor's					
Tract B, <del>of</del> Boundary Line Adjustment Survey recorded September 11, 2001, under Auditor's File No. 200109110077; being a portion of the following described tract: Lots 1 and 2, and the East 38 feet of Lot 3, Block "E", "TOWN OF LYMAN (DYERS PLAT)", as per plat recorded in Volume 1 of Plats, page 34, records of Skagit County, Washington. TOGETHER WITH the West 20 feet of vacated Dyer Street adjacent thereto. Situate in the Town of Lyman, County of Skagit, State of Wash.					
<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"/> <b>USE TAX EXEMPT</b> 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 (TYPE OR PRINTED) <u>Garne Willis</u>			COUNTY OFFICE/OPS OPERATOR NUMBER <u>3901-21</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>2/28/03</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: 10px 0;"> <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 accommodation, please call (360) 902-3600 or TTY (360) 664-8885.



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