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| RETI | IRN. | ADDR | ESS |



OLYMPIC ESCROW, INC. 129 N. OLYMPIC AVE., STE. 101 ARLINGTON, WA 98223 3/7/2003 Page 1 of

of 2 3:38PM

| | LAND TITLE COMPANY OF SKAGIT COUNTY, | | | | |
|---|--|--|---|--------------------------------------|--|
| 230043 Pm | | | 104 | CHECK ONE | |
| STATE OF WASHINGTON Department of CENSIN ON THE PROPERTY OF T | G AP | CTURED HON PLICATION f a material fact is guilty by a fine, imprisonment | TITLE ELIMINA | TION LOCATION OM REAL PROPERTY | |
| MANUFACTUREDHO | | | | <u></u> | |
| / PLATE NUMBER YEA | AR MAKE | 1 | CLE IDENTIFICATION NUMBER (| /IN) | |
| 40200 | 979 RIDGW | | 9L14154 SCRIPTION ON PAGE | | |
| LAND | | · | EAL PROPERTY TAX PARCEL NU | IMBER | |
| NUFACTURED HOME | WILL BE X AFFIXED | | P18905 | | |
| BLOCK | PLAT NAME EAGLE | RIDGE | 33/33 | WNSHIP/RANGE N/10E | |
| GRANTOR(S) REGIS | TERED/LEGAL OWNER(| | NUMBER OF LEGAL | OWNERS | |
| UNTY NUMBER | NUMBER | OF REGISTERED OWNERS | NOMBER OF LEGAL | OWNERS | |
| ME OF REGISTERED OWNER | No. of The Control of | | | | |
| Clint E. Bryse | on | | | | |
| ME OF AUDITIONAL REGISTE | DER OMMEN | A September of the sept | | | |
| ORESS | | CITY | STATE | ZIP CODE | |
| 54464 Elder | Lane | Darrington | AW | 98241 | |
| ME OF LEGAL OWNER | | North Statement | Manager and the second | | |
| Wells Fargo ME OF ADDITIONAL LEGAL C | Home Mortgage. | Secretary and the second | STATE | ZIP CODE | |
| DAESS 5005 Pacific | Hwy. E. | OITY Fife | WA_ | 98424 | |
| RANTEE | | | | | |
| AME | | | | | |
| DO SOLEMNLY ATTES EHICLE AND THIS INF | T UNDER PENALTY OF ORMATION IS ACCURAT | PERJURY THAT I / WE A | MARE THE REGISTERED | OWNER(S) OF THIS | |
| | egistered Owner and Title, | | M.C. / Corps | | |
| | egistered Owner and Title, | IF APPLICABLE | FOR REGISTERED OWNE | R(S) SIGNATURE | |
| NOTATION STAM | State of Washingto | | Signed or atteste | 17eb. 4, 2003 M. D. Worn | |
| NOTARY | Clint E | . Bryson | SignatureLever | a amoun | |
| DISOLIC . | PRINT NAME OF | REGISTERED OWNER | / NOTARY OR | AGENT | |
| 12-1-05 | by | REGISTERED OWNER | Rebecca A. M | ΆΥ | |
| | | | County/C | Office No. OR 12/1/05 | |
| WAS WAS | Title Notar | SITION/AGENT/NOTARY | Notary E | piration Date | |
| TITLECOMPANYC | ERTIFICATION | | | | |
| certify that the legal des | cription of the land and ow | nership is true and correct | per the real property record OMPANY / PHONE NUMBER | | |
| SIGNATURE / POSITION | | | | DATE | |
| | illh a Liannaina Asani | within 10 calendar days | of the date Title Company | Representative signs. | |
| Finalize this applicatio | OFFICE CERTIFICATION | William to calendar days | | | |
| | | | roperty as described. If the attachment will be insp | pected upon completion. | |
| | a puliding permit has been | leaded to this purpose an | | 4.2" | |
| NAME (TYPED OR PRINTED) | | BLDG PERMIT OFFICE/PHONE | # BCD | PERMIT # 03Z8 | |

| | | • | | | | |
|---|---|---|----------------------------------|--------------------------------------|----------------------------|--------------------------|
| SIGNATURE OF LEGAL OV | VNER | | | 1 1 21 11 12 TEL TOTAL | , | |
| SIGNATURE OF LEGAL OWN | ER INDICATES CON | SENT FOR ELIMI | NATION OF TIT | LE/REMOVAL FI | ROM REAL PR | OPERTY. |
| Signature of Legal Ow | IDOC ODD TILLO IE ARR | LICABLE = | | ASSIS | INT SEINE T | de la |
| Signature of Legal Cov | njeralio nile, ir Arr | LIOADILL | | | | |
| Signature of Additional Legal Ov | C 0 1 | | | | | |
| NOTARY HALLOH STAMP | IRATON | ZATION/CERTIF | | EGAL OWNER(S) | SIGNATURE | |
| W SSION TO | State of Washington County of | SNOHOMI | sH | Signed or attested before me on | 2-17-03 | 3 |
| S. AUBLIC | by ALYN Y. W. | WG ASSISTAN BALOWNER | <i>1_SECARA</i> XSign | ature SUNOU NOTARY OR AG | PM Mall | W |
| 19 03 | by PRINT NAME OF LE | GAL OWNER | PRIN | PANC NED NAME OF NOTAR | 1.MCCr | ea |
| MASHING | Title | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | County/Offi AND: Dea | ce No. OR 5'-[| 9.03 |
| | DEALERSHIP POSIT | ION/AGENT NOTABY | | Notary Expi | | |
| LAND DESCRIPTION (A le | gal description of th | e land can be obt | ained from the l | ocal County Ass | ssor's Office | |
| ract 6 of Skagit Count ecorded July 5, 1979 in portion of the Northwe V.M. | Volume 3 of She | ort Plats, page | 135, under <i>i</i> | Auditor's file N | o. 79070500 |)11; b <mark>e</mark> ir |
| | | | | :41 | U t | |
| ogether with a non-excloot easement entitled, " | | | | | | |
| situate in the County of | Skagit. State of ' | Washington. | | | | |
| DEALER'S REPORT OF SA | | | | | | |
| I CERTIFY THAT THIS INFO | | CT. THE VEHICL | EIS CLEAR OF | NCUMBRANCES | EXCEPT AS S | HOWN. |
| ANY REQUIRED SALES TA | X HAS BEEN COLL | ECTED. | Take Order | ER NUMBER | DATE OF BALE | |
| EALER NAME (TYPED OR PRINTED) | | | WALDEAL | ED KOWDER | DATE OF SALE | |
| URCHASE PRICE TAX | JURISDICTION/TAX RATE | DEALER'S AUTHOR | IZED SIGNATURE | | | |
| USETAX EXEMPT S | ale to a Certified Triba | I member on the re | servation (attach | notarized stateme | nt of delivery). | |
| COUNTY AUDITOR/AGENT | | | | | | |
| certify that the above application ne recording of this form. | appears to have been | completed correct | y, and the applica | nt has sufficient doc | cumentation to pr | roceed with |
| AME (TYPED OR PRINTED) | | 2 // - / | COUNTY | OFFICE/VFS OPERATO | OF NUMBER | |
| LEGAU HOT | TERELLA | BRAHAV | VL 6 | <u> </u> | 1 | |
| GNATURE | | not the | A | | 100 m | A2 |
| Tegor le | Squale | 1 xxa | racy | | 711 | 2 |
| 1 TITLE FEES 1 LING FEE APPLICATION | ON MOBILE H | OME EEE TEUM | INATION FEE | USE TAX | SUBAGENT | FRES |
| EING FEE | JIV INOBIEE I | CIVIL 1 LL | WATER TEE | 302 110 | | |
| | | | | | TOTAL FEE | S & TAX |
| | | | | | | |
| Licer Retai | the application ha sing Office, take y in proof of the reco original application | our application : irding fees paid. | form to the Co If the Recordi | unty Recording ng Office retain: | Office. | |
| APPLICANTS | Manufactured l | | n, paying all re | Licensing office equired fees, Ve | | |
| For full instruction or Transfer in Loc | is on completing the | is form for Title 0-420-730, Man | Elimination, Rufactured Hom | emoval from Re e Application In: | al Property structions. | |

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or TDD / 360) 664-90.