RETURN ADDRESS

FIRST AMERICAN TITLE
160 CASCADE PL STE 104
BURLINGTON, WA 98233

200303170154
Skagit County Auditor
3/17/2003 Page 1 of 2 9:59AM

STATE OF WASHINGTON Department of **LICENSING**

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
- [X] 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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
824064	2003	FLTWD	67 X 28	WAFL23117977CY13

2 LAND — LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE [X] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 4463-000-009-0003 P82953

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
9		PLAT OF PRAIRIE ESTATES	

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) — ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	1

NAME OF REGISTERED OWNER: WILLIAM D. ANDERSON — DOL CUSTOMER ACCOUNT NUMBER: Anderwm504KN

NAME OF ADDITIONAL REGISTERED OWNER: HAZEL M. ANDERSON — DOL CUSTOMER ACCOUNT NUMBER: Anderhm504DT

ADDRESS	CITY	STATE	ZIP CODE
4706 LOIS LANE	SEDRO WOOLLEY	WA	98284

NAME OF LEGAL OWNER: WASHINGTON MUTUAL BANK — DOL CUSTOMER ACCOUNT NUMBER:

NAME OF ADDITIONAL LEGAL OWNER: — DOL CUSTOMER ACCOUNT NUMBER:

ADDRESS	CITY	STATE	ZIP CODE
1336 CORNWALL	BELLINGHAM	WA	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: William D. Anderson

Signature of Additional Registered Owner and Title, IF APPLICABLE: Hazel M. Anderson

NOTARY SEAL OR STAMP: KATIE E. HICKOK NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 1-7-2003

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit — Signed or attested before me on 12-6-02

by William N. Anderson — PRINT NAME OF REGISTERED OWNER — Signature: Katie E. Hickok — NOTARY OR AGENT

by Hazel M Anderson — PRINT NAME OF REGISTERED OWNER — PRINTED NAME OF NOTARY: Katie E. Hickok

Title Notary — DEALERSHIP POSITION/AGENT/NOTARY — AND: County/Office No. OR Dealer No. OR — Notary Expiration Date 1-7-2003

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:
- [X] 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 Rosson	SKAGIT COUNTY PERMIT CENTER / 336-9410	BP02-1051

SIGNATURE / POSITION: Georgine Rosson Support Services — DATE: 1/7/03

TD-420-729 MANUF HOME APPL (R/2/00)OR (W)Page 1 of 2

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

NOTARY SEAL OR STAMP: Notary Public State of Washington BARBARA RAE STEWELL My Appointment Expires Apr 3, 2004

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington, County of Whatcom — Signed or attested before me on 2-4-03

by Washington Mutual — PRINT NAME OF LEGAL OWNER — Signature NOTARY OR AGENT

by BA Noble — PRINT NAME OF LEGAL OWNER — Barbara Rae Stewell — PRINTED NAME OF NOTARY

Title Manager — DEALERSHIP POSITION/AGENT/NOTARY — AND: County/Office No. OR Dealer No. OR Notary Expiration Date 4304

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

LOT 9, "PLAT OF PRAIRIE ESTATES", AS PER PLAT RECORDED IN VOLUME 13 OF PLATS, PAGES 84 AND 85, RECORDS OF 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)	WA DEALER NUMBER	DATE OF SALE
COACH CORRAL	4278	12/18/02

PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE
50,797.97	7.8	

[ ] **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/VFS OPERATOR NUMBER
Diane Willis	0901-21

SIGNATURE	DATE
Diane Willis	3/17/03

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 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