

RETURN ADDRESS

Wells Fargo Escrow  
 1010 SE Everett Mall Way  
 Suite 204  
 Everett, WA 98208



200303210141  
 Skagit County Auditor

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LAND TITLE COMPANY OF SKAGIT COUNTY 5/10/473

**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	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	1988	Oakmn	44 X 28	06910591XAB

**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
 4348-000-031-0001

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
31		PLAT OF EASTWIND	

**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  
 Don O. Niman

NAME OF ADDITIONAL REGISTERED OWNER  
 Cynthia D. Niman

ADDRESS	CITY	STATE	ZIP CODE
2001 N 33rd Pl	Mount Vernon	WA	98273

NAME OF LEGAL OWNER  
 Wells Fargo Home Mortgage

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
1010 SE Everett Mall Way #200	Everett	WA	98208

**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]*

Signature of Additional Registered Owner and Title, IF APPLICABLE *[Signature]*

NOTARY SEAL OR STAMP

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

State of Washington  
 County of Skagit

Signed or attested before me on 6-27-02

by Don O. Niman  
 PRINT NAME OF REGISTERED OWNER

Signature *[Signature]*  
 NOTARY OR AGENT

by Cynthia D. Niman  
 PRINT NAME OF REGISTERED OWNER

*[Signature]*  
 PRINTED NAME OF NOTARY

Title Notary  
 DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR Notary Expiration Date  
12-01-03

**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)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
ROBERT OSBORNE		5611

SIGNATURE / POSITION \_\_\_\_\_ DATE \_\_\_\_\_

*[Signature]* BUILDING INSPECTOR 1-7-03

**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 *Alan Young ASSISTANT SECRETARY*  
 Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <u>Snohomish</u>	Signed or attested before me on <u>8-8-02</u>
	Wells Fargo Home Mortg, Inc. by <u>Alvin Wong, Asst. Sec.</u> PRINT NAME OF LEGAL OWNER	Signature <u><i>Kathy D. Jones</i></u> NOTARY OR AGENT
	PRINT NAME OF LEGAL OWNER <u>Kathy D. Jones</u> Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	PRINTED NAME OF NOTARY <u>Kathy D. Jones</u> County/Office No. OR Dealer No. OR <u>12-01-03</u> AND: Notary Expiration Date

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

Lot 31, "Plat of Eastwind", as per plat recorded in Volume 12 of Plats, pages 31 and 32, 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
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE

**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) <u><i>Trusty Lowery</i></u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290208</u>
SIGNATURE <u><i>Trusty Lowery</i></u>	DATE <u>13/24/03</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, Manu

The Department of Licen:  
If you need special accor



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