RETURN ADDRESS

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

B69985

200304150211
Skagit County Auditor
4/15/2003 Page 1 of 2 1:29PM

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)
	2002	Redman	28 X 40	118-28641A/B

2 LAND

LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE [x] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 4784-000-006-000 P118547

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
6		Merimbula	

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
29	2	1

NAME OF REGISTERED OWNER: NORBERTO DIAZ — DOL CUSTOMER ACCOUNT NUMBER: DIAZDN*82100

NAME OF ADDITIONAL REGISTERED OWNER: CLAUDIA DIAZ — DOL CUSTOMER ACCOUNT NUMBER: DIAZCY180NB

ADDRESS: 23550 CARDEN ST. — CITY: MOUNT VERNON, WA — STATE: — ZIP CODE: 98274

NAME OF LEGAL OWNER: ABN AMRO Mortgage Group — DOL CUSTOMER ACCOUNT NUMBER:

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

ADDRESS: 1201 East Lincoln — CITY: Madison Heights — STATE: MI — ZIP CODE: 48071

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: Norberto Diaz

Signature of Additional Registered Owner and Title, IF APPLICABLE: Claudia Diaz

NOTARY SEAL OR STAMP: STATE OF WASHINGTON NOTARY PUBLIC COMMISSION EXPIRES 11-19-2003

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit — Signed or attested before me on 11-20-03

by Norberto Diaz (PRINT NAME OF REGISTERED OWNER) — Signature (NOTARY OR AGENT)

by Claudia Diaz (PRINT NAME OF REGISTERED OWNER) — PRINTED NAME OF NOTARY: Cathy Huff

Title: 6M (DEALERSHIP POSITION/AGENT/NOTARY) — AND: County/Office No. OR Dealer No. OR Notary Expiration Date: 11-19-03

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): Tish Campbell — BLDG PERMIT OFFICE/PHONE #: SKAGIT COUNTY Permit Ctr. 360/336-9410 — BLDG PERMIT #: BP021050

SIGNATURE / POSITION: Tish Campbell, Support Services Tech — DATE: 04/11/03

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: ABN AMRO Mortgage Group, Inc. Beverly J. Missig // Beverly J. Missig / Assistant Vice Pres.

Signature of Additional Legal Owner and Title, IF APPLICABLE: _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of ~~Washington~~ Michigan
County of Oakland

Signed or attested before me on 01-29-03

by Beverly J. Missig (PRINT NAME OF LEGAL OWNER) Signature _____ (NOTARY OR AGENT)

by _____ (PRINT NAME OF LEGAL OWNER) Monica L. Davis (PRINTED NAME OF NOTARY)

Title Assistant Vice President (DEALERSHIP POSITION/AGENT/NOTARY)

AND: County/Office No. OR Oakland County, MI
Dealer No. OR
Notary Expiration Date 6-5-2005

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

LOT 6, PLAT OF MERIMBULA, AS RECORDED OCTOBER 30, 2001 UNDER SKAGIT COUNTY AUDITOR'S FILE NO 200110300048.

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
Midway Homes	4171	11-6-02

PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE
36000	7.8% MHMan	

[ ] **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
PEGGY A. RIEDELL-GRAHAM	29-0-04
SIGNATURE: Peggy A. Riedell-Graham	DATE 4/15/03

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 accomm