

RETURN ADDRESS

CHICAGO TITLE COMPANY

P O BOX 670

BURLINGTON WA 98233

200309030143
Skagit County Auditor

9/3/2003 Page

1 of

2 3:59PM

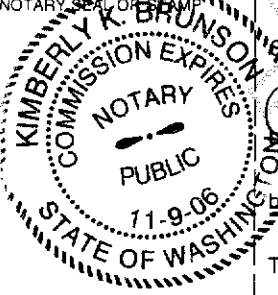
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
8200598	2001	SKY	26 X 44	21910733N	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 4169-001-016-0300	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
C		Sedro Woolley SP#06-00			
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 BAILEY, SAMUEL E.					
NAME OF ADDITIONAL REGISTERED OWNER MOORE, VICTORIA M.					
ADDRESS		CITY	STATE	ZIP CODE	
401 Cabe Lane		Sedro Woolley	WA	98284	
NAME OF LEGAL OWNER COUNTRYWIDE HOME LOANS					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
600 108th Avenue N.E., Ste 205		Bellevue	WA	98004	
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 of Additional Registered Owner and Title, IF APPLICABLE					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on July 22, 2003	
		by Samuel E. Bailey PRINT NAME OF REGISTERED OWNER		Signature	
		by Victoria M. Moore PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY Michele R. Freeman	
		Title Notary Public DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR 1/25/05 Notary Expiration Date	
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: <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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
ARDILL McCombs		360-855-0721		6527	
SIGNATURE / POSITION				DATE	
				8/12/03	

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 La Jean Leaf

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>King</u>	Signed or attested before me on <u>July 24, 2003</u>
	PRINT NAME OF LEGAL OWNER <u>La Jean Leaf</u>	Signature of <u>Kimberly K. Brunson</u> NOTARY OR AGENT
	PRINT NAME OF LEGAL OWNER <u>Notary</u>	PRINTED NAME OF NOTARY <u>Kimberly K. Brunson</u> County/Office No. OR Dealer No. OR AND: Notary Expiration Date <u>1/1/06</u>

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

Lot C of SEDRO WOOLLEY SHORT PLAT NO. SW-06-00, approved March 21, 2001 recorded March 21, 2001, under Auditor's File No. 200103210062, being a portion of Lot 16, Block 1, "ROSEDALE GARDEN TRACTS OF SEDRO-WOOLEY", as per plat recorded in Volume 3 of Plats, page 52, records of Skagit County, WA;

TOGETHER WITH a non-exclusive easement for ingree, egress and utilites over, under and through Cab Lane, as shown on the face of the Short Plat.

Situated in 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	
<input type="checkbox"/> 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>Samuel Willis</u>	COUNTY OFFICE VES OPERATOR NUMBER <u>2901.21</u>
SIGNATURE <u>Samuel Willis</u>	DATE <u>9/3/03</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, 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 1-800-541-5800.



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Skagit County Auditor