

RETURN ADDRESS

FIRST AMERICAN TITLE COMPANY

PO Box 1667

Mt. Vernon, WA 98273



200310140029
Skagit County Auditor

10/14/2003 Page 1 of 2 10:08AM

		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)	
	2001	Oakwood	66 X 27	GNOR23N25730AB	
2 LAND					
LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 350617-0-070-0100 R103426		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
Tract A		Town Of Lyman SP NO. L-01-93	17,35,6		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		1	
NAME OF REGISTERED OWNER Luis A. Huete					
HUETELA4390G					
NAME OF ADDITIONAL REGISTERED OWNER Lisa Waldron					
WALDRML4050A					
ADDRESS 8196 Maple Avenue		CITY Lyman		STATE ZIP CODE WA 98263	
NAME OF LEGAL OWNER OPTION ONE MORTGAGE					
UBI # XXXXXXXXXXXX					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 15500 SE 30th Place Suite 102		CITY Bellevue,		STATE ZIP CODE WA 98007	
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 + <i>Luis Huete</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE + <i>Lisa Waldron 2/2/01</i>					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on 2/2/2001	
		by Luis A. Huete/Lisa Waldron PRINT NAME OF REGISTERED OWNER		Signature <i>Kim M. Kerr</i> NOTARY OR AGENT	
		by Cloper PRINT NAME OF REGISTERED OWNER		Kim M. Kerr PRINTED NAME OF NOTARY	
Title <i>Cloper</i> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR 2/15/2001 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) Georgine Russon		BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENTER 336-9410		BLDG PERMIT # BPOO-1744	
SIGNATURE / POSITION <i>Georgine Russon</i> Permit Technician		DATE 10/10/03			

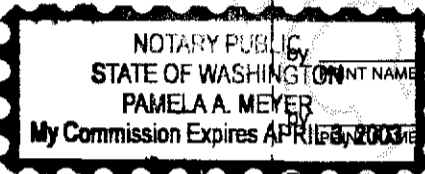
6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

Dyan Hebaus

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>2/6/03</u>
	Signature of Legal Owner <u>DYAN HEBAUS</u>	Signature of Notary or Agent <u>Pamela A. Meyer</u>	PRINTED NAME OF NOTARY <u>PAMELA A. MEYER</u>
Title of Legal Owner <u>NOTARY Public</u>	AND: County/Office No. OR Dealer No. OR <u>4/3/03</u> Notary Expiration Date		

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

Tract A of Revised Town of Lyman SP No. L-01-93, approved 5/10/93 and recorded 5/11/93 under AFN 9305110055, in V10 of Short Plats, pg. 191, records of Skagit Co., WA; being a ptn. of the E1/2 of NW1/4 S17, T35N, R6E, W.M., EXCEPT the N15' as measured along the W line thereof. TGW and subject to a non-exclusive easement for ingress, egress and utilities over, under and across that certain 20' wide private road easement as delineated on the face of Short Plat No. L-01-93.

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) <u>OAKWOOD HOMES, INC.</u>	WA DEALER NUMBER <u>0114</u>	DATE OF SALE <u>9/25/03</u>
PURCHASE PRICE <u>53550.00</u>	TAX JURISDICTION/TAX RATE <u>7.6</u>	DEALER'S AUTHORIZED SIGNATURE <i>[Signature]</i>
<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>HEAVY A. RIEDEL-GRAHAM</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-01</u>
SIGNATURE <i>[Signature]</i>	DATE <u>10/14/03</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
If you need special accommodation,

