



200311210083
Skagit County Auditor

11/21/2003 Page

1 of

2 10:42AM

RETURN ADDRESS

WASHINGTON FEDERAL SAVINGS

Mount Vernon Office

P.O. Box 639

Mount Vernon, WA 98273

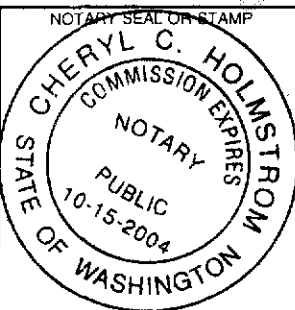
013 201 266335-9 LAND TITLE #105686-P

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2003	SKYLINE	48'27" X 48'38"	9U910504R	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2				REAL PROPERTY TAX PARCEL NUMBER	
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				P24676	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
2		SHORT PLAT NO. PL01-0363		13-34N-R4E W.M.	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		1		1	
NAME OF REGISTERED OWNER					
DAVID R PIPER					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY		STATE	ZIP CODE
23319 Gunderson Rd.		Mount Vernon		WA	98273
NAME OF LEGAL OWNER					
WASHINGTON FEDERAL SAVINGS					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY		STATE	ZIP CODE
317 S. 2nd		Mount Vernon		WA	98273
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 <u>David R Piper</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
NOTARY SEAL OR STAMP		State of Washington County of <u>Skagit</u>			
		Signed or attested before me on <u>04-04-03</u>		Signature <u>Allen L. Collins</u>	
		by <u>DAVID R PIPER</u>		NOTARY OR AGENT	
		PRINT NAME OF REGISTERED OWNER		by <u>Allen L. Collins</u>	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
Title <u>Notary Public</u>		AND:		County/Office No. OR Dealer No. OR Notary Expiration Date <u>05-15-03</u>	
DEALERSHIP POSITION/AGENT/NOTARY					
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			
<u>Bill R. HARRIS</u>		<u>Land Title Co. 707-2158</u>			
SIGNATURE / POSITION		DATE			
<u>Bill R. Harris</u>		<u>11-21-03</u>			
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 #	
<u>Cindy Gauthier</u>		<u>360-336-9410</u>		<u>BP03-C425</u>	
SIGNATURE / POSITION				DATE	
<u>Cindy Gauthier</u>				<u>11-20-2003</u>	
SKAGIT COUNTY PERMIT CENTER					

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 _____

Signature of Additional Legal Owner and Title, IF APPLICABLE Allen L Collins V.P./Manager**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of SkagitSigned or attested
before me on 11-14-03by WASHINGTON FEDERAL SAVINGS
PRINT NAME OF LEGAL OWNERSignature Cheryl C Holmstrom
NOTARY OR AGENTby _____
PRINT NAME OF LEGAL OWNERCHERYL C HOLMSTROM
PRINTED NAME OF NOTARYTitle Notary Public
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR 10-15-2004
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 2, Short Plat No. PL01-0363, approved August 27, 2001 and recorded August 29, 2001 under Auditor's File no. 200108290066; and being a portion of the Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 13, Township 34 North, Range 4 East, W.M.

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over, under and through a 30 foot strip of land across Lot 1 of said Short Plat No. PL01-0363, as shown on the face of said short plat.

Situate in the County of Skagit, State of 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) <u>COACH CORRAL INC</u>		WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>11-10-03</u>
PURCHASE PRICE <u>58090 -</u>	TAX JURISDICTION/TAX RATE <u>7.9</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</u>	
<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>Rodrigo ANGULO</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-02</u>
SIGNATURE <u>[Signature]</u>	DATE <u>11-21-03</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 (360) 902-3600 or TDD (360) 664-8885.



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