RETURN ADDRESS

First American Title
1160 Cascade Pl. #104
Burlington, WA 98233

B75583

200401020005
Skagit County Auditor
1/2/2004 Page 1 of 2 8:58AM

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)
C/O 139608	1996	SKYL	48 X 27	2T91CG231AB

2 LAND

LEGAL DESCRIPTION ON PAGE ____

MANUFACTURED HOME WILL BE [X] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 330517-3-004-0007

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
2		SP 36-80 17-33-5	

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: ~~2048 Hwy 9~~ 3060 139th AVE S.E. #201 Bellevue, WA 98005 — DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER: James Weppler — DOL CUSTOMER ACCOUNT NUMBER: WEPPLJ027611

ADDRESS: Amy Weppler — CITY — STATE — ZIP CODE: WEPPLA625LK

NAME OF LEGAL OWNER: Washington Mutual — DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER — DOL CUSTOMER ACCOUNT NUMBER

ADDRESS: 2048 Hwy 9 — CITY: Mt. Vernon — STATE: WA — ZIP CODE: 98274

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: James D Weppler

Signature of Additional Registered Owner and Title, IF APPLICABLE: Amy Weppler

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

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit — Signed or attested before me on 10-10-03

by James Weppler (PRINT NAME OF REGISTERED OWNER) — Signature (NOTARY OR AGENT)

by Amy Weppler (PRINT NAME OF REGISTERED OWNER) — PRINTED NAME OF NOTARY: Cathy Taff

Title (DEALERSHIP POSITION/AGENT/NOTARY) — AND: County/Office No. OR Dealer No. OR Notary Expiration Date: 11/14/03

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:
- [X] 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 #
TANNEE BOSMAN	SKAGIT COUNTY PERMIT CENTER 336-9410	BP 96-0375

SIGNATURE / POSITION: Tannee Bosman Permit Tech — DATE: 11/07/03

TD-420-729 MANUF HOME APPL (R/2/00)OR (W)Page 1 of 2

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 Cheryl Weird

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

MONICA J.K. ROBERTS NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 12-9-06

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of King

Signed or attested before me on Oct 15, 2003

by Washington Mutual, by Cheryl Weird Team Manager
PRINT NAME OF LEGAL OWNER

Signature Monica JK Roberts
NOTARY OR AGENT

by
PRINT NAME OF LEGAL OWNER

Monica JK Roberts
PRINTED NAME OF NOTARY

Title Team Manager / Corporate Officer
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. **OR** Dealer No. **OR** Notary Expiration Date 12-9-2006

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

TRACT 2 OF SKAGIT COUNTY SHORT PLAT NO. 36-80, APPROVED MAY 25, 1980, RECORDED MAY 23, 1980, IN VOLUME 4, PAGE 95 OF SHORT PLATS UNDER AUDITOR'S FILE NO. 8005230014, BEING A PORTION OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 33 NORTH, RANGE 5 EAST, W.M., 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)	COUNTY OFFICE/VFS OPERATOR NUMBER
Rodrigo Angulo	290102
SIGNATURE	**DATE**
	01-02-04

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 po
If you need special accommodation, pl