

RETURN ADDRESS

Craig Knight

1215 G Avenue

Anacortes, WA 98221



200402030111

Skagit County Auditor

2/3/2004 Page

1 of

2 11:11AM

107976-PAE

		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)	
NEW	04	FLTWO	40 X 28	ORFL34829514L513	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER P59530/3822-000-121-0004	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
121		Skyline No. 6			
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				DOL CUSTOMER ACCOUNT NUMBER	
Craig A. Knight					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Ernest E. Brooks, II					
ADDRESS		CITY	STATE	ZIP CODE	
1215 G Avenue		Anacortes,	WA	98221	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Whidbey Island Bank					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Loan No: 149013187					
ADDRESS		CITY	STATE	ZIP CODE	
265 York Street		Bellingham	WA	98225	
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>Craig A. Knight</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Ernest E. Brooks, II</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington	County of	Signed or attested before me on	8/18/08
			Skagit		
		by	Craig A. Knight and	Signature	<i>[Signature]</i>
			PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT
		by	Ernest E. Brooks II	Signature	<i>[Signature]</i>
			PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY
		Title	Notary	AND:	County/Office No. OR Dealer No. OR 10/01/06
			DEALERSHIP POSITION/AGENT/NOTARY		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 checked="" 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 #	
Larry Andrews		360 293-1901		BLD-2003-8784	
SIGNATURE / POSITION				DATE	
<i>Larry Andrews</i> Building Inspector				1/30/04	

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
			X	

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 Karen Keene Simmons, loan officer

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Whatcom</u>	Signed or attested before me on <u>1/15/04</u>
	by <u>Karen Keene Simmons for W/B</u> PRINT NAME OF LEGAL OWNER	Signature <u>Caren Howard</u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Caren Howard</u>
Title <u>BE Loan Processor</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>8/1/04</u> Notary Expiration Date	

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

Lot 121, "SKYLINE NO. 6," as per plat recorded in Volume 9 of Plats, pages 64 through 67A, inclusive, records of Skagit County, Washington.

Situate in the City of Anacortes, 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>9-26-03</u>
PURCHASE PRICE <u>45710-</u>	TAX JURISDICTION/TAX RATE <u>7.6</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</u>

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>2901-92-01</u>
SIGNATURE <u>[Signature]</u>	DATE <u>02-03-04</u>

10 TITLE FEES

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEE
					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 1-800-822-8888 or TDD 1-206-462-8888.



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Skagit County Auditor