



200402040114
Skagit County Auditor

2/4/2004 Page 1 of 2 3:26PM

RETURN ADDRESS

Mr. & Mrs. John P. McGinnis

16578 Lone Tree Road

LaConner, Wa. 98257

P-102826-E

Land Title Co.

		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)	
8246797	2002	LBRTY	28 X 44	09L34757XU	
2 LAND					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 3948-000-003-0006		
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
3		Plat of Lone Tree Tracts			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
John P. McGinnis				MCGINJP317R8	
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Erin L. McGinnis				MITCHEL198D3	
ADDRESS		CITY		STATE ZIP CODE	
16578 Lone Tree Lane		LaConner		Wa. 98257	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Banner Bank					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY		STATE ZIP CODE	
785 S.E. Bayshore Drive #103		Oak Harbor		Wa. 98277	
GRANTEE					
NAME					
same as grantor					
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					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of <u>Skagit</u> Signed or attested before me on <u>11/10/03</u> by <u>John P. McGinnis</u> Signature _____ PRINT NAME OF REGISTERED OWNER <u>Erin L. McGinnis</u> Signature <u>Carrie Huffer</u> PRINT NAME OF REGISTERED OWNER Title <u>Notary Public</u> AND: County/Office No. OR <u>12-31-03</u> 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 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 #	
Elaine Pitman		SKAGIT COUNTY PERMIT CENTER		BPO2-0826	
SIGNATURE / POSITION				DATE	
Elaine Pitman				12-23-03	

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 *[Signature]*
 Signature of Additional Legal Owner and Title, IF APPLICABLE *Banner Bank by David Holmby Asst Vice Pres. dent*

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

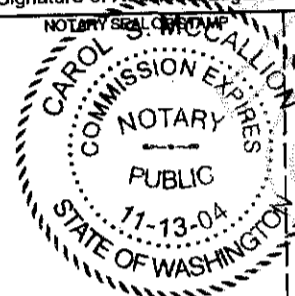
State of Washington Island County of Island Signed or attested before me on 11/21/03

by David Holmby Asst Vice President of Banner Bank Signature Carol S McCallion
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by Carol S McCallion PRINTED NAME OF NOTARY
PRINT NAME OF LEGAL OWNER

Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 11/13/04
DEALERSHIP POSITION/AGENT/NOTARY

Lonec



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

Lot 3, "PLAT OF LONE TREE TRACTS", as per plat recorded in Volume 7 of Plats, page 1, records of Skagit County, Washington. 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)	WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE

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>Karrie McAra</u>	COUNTY OFFICER'S OPERATOR NUMBER <u>2901-21</u>
SIGNATURE <u>Karrie McAra</u>	DATE <u>2-4-04</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 TTY (360) 664-8885.



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