



200402060053
Skagit County Auditor

2/6/2004 Page

1 of

2 9:30AM

RETURN ADDRESS

Island Title Company

3110 Commerical Suite 101

Anacortes, WA 98221

AE 8734

ISLAND TITLE CO. C24936

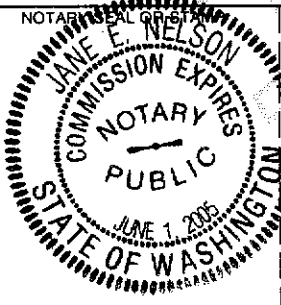
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)				<input checked="" type="checkbox"/> 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)	
	1990	Redman	60 X 28	1181 4338	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 4384-000-047-0011	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
47		Eastwind			
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 James P. Pierce					
NAME OF ADDITIONAL REGISTERED OWNER Cheryl Pierce					
ADDRESS		CITY	STATE	ZIP CODE	
1801 N. 32nd Place		Mount Vernon	WA	98273	
NAME OF LEGAL OWNER Whidbey Island Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
P.O. Box 320		Anacortes	WA	98221	
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>James P. Pierce</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE: <i>Cheryl Pierce</i>					
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>Nov 26, 2002</u>	
		by <u>James P. Pierce</u> PRINT NAME OF REGISTERED OWNER		Signature <i>Evelyn L. Anderson</i> NOTARY OR AGENT	
		by <u>Cheryl Pierce</u> PRINT NAME OF REGISTERED OWNER		Signature <i>Evelyn L. Anderson</i> PRINTED NAME OF NOTARY	
		Title <u>Notary Public</u> DEALERSHIP / POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR <u>8-10-2004</u> 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			
<u>MARY MANSFIELD</u>		<u>Island Title Co. 360-293-4666</u>			
SIGNATURE / POSITION		DATE			
<i>Mary Mansfield</i>		<u>1-7-03</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 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>ROBERT OSBORNE</u>		<u>336-6214</u>		<u>6592</u>	
SIGNATURE / POSITION				DATE	
<i>Robert Osborne</i> <u>Building Inspector</u>				<u>12-4-02</u>	

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 WHIDDEY ISLAND BANK BY Jacob W E

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of SkagitSigned or attested
before me on 1/6/03by Jacob W. Eisses of WIS
PRINT NAME OF LEGAL OWNERSignature Jane E. Nelson
NOTARY OR AGENTby _____
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title _____
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR
Notary Expiration Date 6/1/05**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**Lot 47, PLAT OF EASTWIND, according to the plat thereof,
recorded in Volume 12 of Plats, pages 31 and 32, records of
Skagit County, Washington

Situate in Skagit County, Washington

8 DEALER'S REPORT OF SALEI 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) Trishy LeroyCOUNTY OFFICE/VFS OPERATOR NUMBER 290108SIGNATURE Trishy LeroyDATE 2/6/04**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
If you need special accommodations200402060053
Skagit County Auditor