

1 of 2 3:32PM RETURN ADDRESS 2/10/2004 Page Mann Financial Inc. 9257 Foothill Road Middleton, Idaho 83644

				-				
CHICAGO TITLE	C20653	<u></u>		-				
STATE OF WASHINGT Department of ICENSI Anyone who knowing	IV makes a	MANUFA API	uilty	☑TITLE ELIMINATION ☐TRANSFER IN LOCATION ☐REMOVAL FROM REAL PROPERT				
MANUFACTURE	14 N. A.			Loan	# 25-7780	1-104 COOK		
PO / PLATE NUMBER	YEAR 1996	MAKE LEXIN	LENGTH/WIDTH(FEET) 56 X 42	VEHICLE 1D 2T910	ENTIFICATION NUMBER	(VIN)		
2 LAND			LEGA	L DESCRI	PTION ON PAGE.			
MANUFACTURED HO	ME WILL	BE X AFFIXED	REMOVED	B54604	436-11-005-02	MANBERS TO		
OT 2 BL0	оск	PLAT NAME Skagit	County Short	Plat 1	No 95-024 3	rownship/Range		
	GISTERED	/LEGAL OWNER(S			AMES ON PAGÉ	****		
COUNTY NUMBER Skagit		NUMBER 0	F REGISTERED OWNER	S	NUMBER OF LEGA	F OMNEDS		
NAME OF REGISTERED OW COOK, RODNEY	NER							
NAME OF ADDITIONAL REG	ISTERED OW	NEA ()	A CONTRACTOR OF THE PARTY OF TH					
COOK, DEANA			CITY		STATE	ZIP CODE		
5188 State Ro	ute 9		Sedro Wool	ley	WA	98284		
name of legal owner MANN FINANCIA	I. INC		The Market					
NAME OF ADDITIONAL LEGA			All the state of t					
ADDRESS			СІТУ	<u> </u>	STATE			
9257 Foothill	Road		Middleton	and the same of	Idaho	83644		
GRANTEE NAME								
	FOT UND	D DENALTY OF D	ED HIDV THAT L/M	/E AM/ADE	THE DEGISTERS	D OWNER(S) OF THIS		
VEHICLE AND THIS I					The real of the	0 0 11 11 11 10 10 11 11 11 10 10 10 10		
Signature of	f Registered	d Owner and Title, IF	APPLICABLE	S	OR_			
Signature of Additiona	l Registered	d Owner and Title, IF	APPLICABLE	Dun	a Coo	K		
NOTARY SEAL OR ST			TION/CERTIFICATI	ONFORRE	GISTEREDOWNE	* *		
		State of Washington County of	Stagit		Signed or atteste before me o			
0		NOTICE OF THE PRINT NAME OF HE	look	s	ignature			
					NOTARYOR Marcia J. Je			
		Deana Co	GISTERED OWNER		RINTED NAME OF NOTA	IRY S		
The say of the same of the same	-  -	Title Notary F	Oublic TON/AGENT/NOTARY		_ AND: D Notary Ex	office No. OR eafer No. OR piration Date		
4 TITLE COMPANY I certify that the legal d	CERTIFICA	ATION	rehin is true and core	rect per the	real property record	Significant state of the state		
I certify that the legal of NAME (TYPED OR PRINTED		n are land and owne			PHONE NUMBER			
SIGNATURE / POSITION						DATE		
Finalize this applicat	ion with a L	icensing Agent wi	thin 10 calendar da	ys of the d	ate Title Company	Representative signs.		
5 BUILDING PERM	IT OFFICE (	CERTIFICATION	peen affixed to the re					
l certify that:	tne manu Jabuilding	permit has been iss	ued for this purpose	and the atta	achment will be insp	ected upon completion		
NAME (TATED OR PRINTED			DG PERMIT OFFICE/PHO COUNTY PERMIT			PERMIT # -1001		
SIGNATURE / POSITION	triss=Ll	1/1/SKAG	-L	7	77112	DATE		

	anggagaran kan <sup>ggar</sup> an dan salah sal	A							
6 SIGNATU	RE OF LEG	AL OWNER						W	
SIGNATURE	OF LEGAL	OWNER INDI	CATES CONS	SENT FOR	ELIMINATION	OF TIT	LE/REMOV	AL FROM REA	L PROPERTY.
Sig	nature of Le	gal Owner and	Title, IF APPL	.ICABLE	Mannif	luid	right	ne fy	De id d
		gal Owner and	Title, IF APPL	ICABLE _	nuesae	711.	Tirecou	veci	Klalden
NOTARY SE	EAL OR STAM		NOTARI	ZATION/CI	ERTIFICATION	FORL	EGAL OWNE	R(S) SIGNATI	JRE
ALL S	0000	State o	f Washington County of				Signed or atte before m		2004
ROAFE HO	TARL	PAIN	inn inanc	+	Ьч		ature NOTARY	OR AGENT	odonough
	UBLIC.		our Cae L		Vice Preside		MELL S.	<u>G-oodeni</u> DTARY	ough
ARIA A TR	OF IDA		ERSHIP POSITI	ON/AGENT/N	OTARY		AND:	y/Office No. <b>OR</b> Dealer No. <b>OR</b> Expiration Date	
7 LAND DE	SEMPTION				be obtained fro	om the I			
of Skag of Sect	it Coun ion 36,	ty, Washi	ngton ; 36 Nort	being h, Ran	12 of Sh a portion ge 4 East	of t	he North	east Qua	rter
		i val i 1 m ven		, , , , , , , , , , , , , , , , , , , ,	Second State of the Second				
3 DEALER	'S REPORT	OF SALE						.,	
		INFORMATION			HICLE IS CLE	AR OF E	NCUMBRAN	CES EXCEPT	AS SHOWN.
DEALER NAME (T					^	WA DEALE	ER NUMBER	DATE OF S	SALE
PURCHASE PRIC	;E	TAX JURISDICTI	ON/TAX RATE	DEALER'S A	UTHORIZED SIGNA	TURE			
USE	TAX EXEM	PT Sale to a C	ertified Tribal :	member on	the reservation	(attach	notarized stat	ement of delive	orv).
					AL: (Not for us	·	<del></del>		
certify that the he recording o		cation appears t	o have been c	ompleted co	orrectly, and the	applicar	nt has sufficien	t documentatio	n to proceed with
VAME STYPED OF	PRINTED)					COUNTY		RATODNUMBER	
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SIGNATURE	Lea	Toru	reer	1				DATE	1000
O TITLE FEI			<u> </u>		T========		The second second		1 /
ILING FEE	APPI	LICATION	MOBILE HO	ME FEE	ELIMINATION FE	E	USE TAX	SUBA	GENT FEES
IMPORT	TANT.	Once the one	lication boso	hoon oo	around by the	Count	u Auditor (1	The state of the s	L FEES & TAX
IMPORT	1	Licensing Off Retain proof	ice, take you of the record	ur applica ding fees	proved by the tion form to the paid. If the Rain a certified	he Cou ecordin	inty Recordi ng Office ret	ng Office. ( ains	
	APPLICA	Manı	ufactured Ho	me Appli	return to a Ve cation, paying e a service fe	g all red			
					Title Eliminati Manufactured				

The Department of Licensing has a po If you need special accommodation, p.

200402100130 Skagit County Auditor