

**RETURN ADDRESS**

Land Title Escrow

P.O. Box 445

Burlington, WA 98233



200402110123  
Skagit County Auditor

2/11/2004 Page

1 of 2 3:17PM

Land Title Co.

|  |              |   |  |  |                   |
|--|--------------|---|--|--|-------------------|
|  |              | <b>MANUFACTURED HOME APPLICATION</b>                                |  | <b>PLEASE CHECK ONE</b><br><input checked="" type="checkbox"/> TITLE ELIMINATION<br><input type="checkbox"/> TRANSFER IN LOCATION<br><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)   |              |   |  |  |                   |
| <b>1 MANUFACTURED HOME</b>   |              |   |  |  |                   |
| TPO / PLATE NUMBER<br>@68322   | YEAR<br>1976 | MAKE<br>SUNYB   | LENGTH/WIDTH(FEET)<br>68 X 28                        | VEHICLE IDENTIFICATION NUMBER (VIN)<br>71819   |                   |
| <b>2 LAND</b>  |              |   |  |  |                   |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED   |              |   | LEGAL DESCRIPTION ON PAGE _____                      |  |                   |
|  |              |   | REAL PROPERTY TAX/PARCEL NUMBER<br>350532-3-001-0207 |  |                   |
| LOT<br>C   | BLOCK        | PLAT NAME<br>SP 12-78   | SECTION/TOWNSHIP/RANGE<br>32-35-5                    |  |                   |
| <b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>  |              |   |  |  |                   |
| COUNTY NUMBER  |              | NUMBER OF REGISTERED OWNERS   |  | NUMBER OF LEGAL OWNERS   |                   |
|  |              | 2   |  | 1  |                   |
| NAME OF REGISTERED OWNER<br>O MALLEY, WILLIAM P  |              |   |  |  |                   |
| NAME OF ADDITIONAL REGISTERED OWNER<br>O MALLEY, GAIL E  |              |   |  |  |                   |
| ADDRESS<br>11396 Morford Road  |              | CITY<br>Sedro Woolley   |  | STATE<br>WA  | ZIP CODE<br>98284 |
| NAME OF LEGAL OWNER<br>Washington Mutual Bank  |              |   |  |  |                   |
| NAME OF ADDITIONAL LEGAL OWNER   |              |   |  |  |                   |
| ADDRESS<br>1336 Cornwall Ave.  |              | CITY<br>Bellingham  |  | STATE<br>WA  | ZIP CODE<br>98225 |
| <b>GRANTEE</b><br>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>[Signature]</i>  |              |   |  |  |                   |
| Signature of Additional Registered Owner and Title, IF APPLICABLE <i>[Signature]</i>   |              |   |  |  |                   |
| NOTARY SEAL OR STAMP<br>   |              | <b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b> |  |  |                   |
|  |              | State of Washington<br>County of Skagit                             |  | Signed or attested before me on 04/17/2002   |                   |
|  |              | by William P. O'Malley<br>PRINT NAME OF REGISTERED OWNER            |  | Signature <i>[Signature]</i><br>NOTARY OR AGENT  |                   |
|  |              | by Gail E. O'Malley<br>PRINT NAME OF REGISTERED OWNER               |  | Carrie Huffer<br>PRINTED NAME OF NOTARY  |                   |
|  |              | Title Notary Public<br>DEALERSHIP POSITION/AGENT/NOTARY             |  | AND: County/Office No. OR 12/31/03<br>Dealer No. OR<br>Notary Expiration Date  |                   |
| <b>4 TITLE COMPANY CERTIFICATION</b>   |              |   |  |  |                   |
| 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.   |              |   |  |  |                   |
| <b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>  |              |   |  |  |                   |
| I certify that: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.<br><input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion. |              |   |  |  |                   |
| NAME (TYPED OR PRINTED)<br>Georgine Rosson   |              | BLDG PERMIT OFFICE/PHONE #<br>SKAGIT COUNTY PERMIT CENTER 336-9440  |  | BLDG PERMIT #<br>96-0617   |                   |
| SIGNATURE / POSITION<br><i>[Signature]</i><br>Permit Tech  |              |   |  | DATE<br>2/5/04   |                   |

**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 AT Noble, manager

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

|  |   |  |
|--|---|--|
| NOTARY SEAL OR STAMP<br><br>Notary Public<br>State of Washington<br><b>ANN E. CLEMONS</b><br>My Appointment Expires <b>Aug 4, 2007</b> | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE<br>State of Washington<br>County of <u>Whatcom</u> Signed or attested before me on <u>1/20/04</u> |  |
|  | PRINT NAME OF LEGAL OWNER<br><u>Washington Mutual</u>   | SIGNATURE<br><u>Ann E Clemons</u><br>NOTARY OR AGENT<br><u>Ann E Clemons</u><br>PRINTED NAME OF NOTARY<br>County/Office No. OR<br>Dealer No. OR<br>AND: Notary Expiration Date <u>8/4/07</u> |

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

Tract C of Short Plat No . 12-78, approved March 2, 1978, recorded March 3, 1978 in Book 2 of Short Plats, page 195, under Auditor's File No. 874743, and being a portion of Tract B of Short Plat No. 3-77, recorded under Auditor's File No. 850543, being a portion of the Northeast 1/4 of the Southwest 1/4 Section 32, Township 35 North, Range 5 East, W.M. 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 |
| <input type="checkbox"/> 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)<br><u>PEGGY A. RIEDELL-GRAHAM</u> | COUNTY OFFICE/VFS OPERATOR NUMBER<br><u>29-01-04</u> |
| SIGNATURE<br><u>Peggy A. Riedell-Graham</u>               | DATE<br><u>2/11/04</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 Licenses  
If you need special accom



Skagit County Auditor