

## RETURN ADDRESS

Wells Fargo Escrow  
1018 8th Street  
Anacortes, Wa 98221



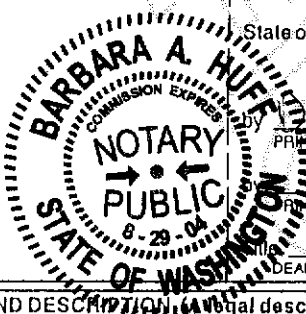
200402170236  
Skagit County Auditor

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## LAND TITLE OF SKAGIT COUNTY

STATE OF WASHINGTON Department of <b>Licensing</b>		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	
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2003	MARLETTE	56 X 26	H-021640 A/B	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 3822-000-01-0007					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
11		Skyline #6			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2		1		
NAME OF REGISTERED OWNER					
William O Morrison					
NAME OF ADDITIONAL REGISTERED OWNER					
Margie E Morrison					
ADDRESS		CITY	STATE	ZIP CODE	
4720 Yorkshire Drive		Anacortes	WA	98221	
NAME OF LEGAL OWNER					
Wells Fargo Home Mortgage					
NAME OF ADDITIONAL LEGAL OWNER					
1 Home Campus		DES MOINES	IA	50306	
ADDRESS		CITY	STATE	ZIP CODE	
1 Home Campus		Des Moines	IA	50306	
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 <input checked="" type="checkbox"/> Signed below in Notary Section					
Signature of Additional Registered Owner and Title, IF APPLICABLE <input checked="" type="checkbox"/> Signed below in Notary Section					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Island		Signed or attested before me on		4-29-03	
by William O Morrison		Signature		Sharon Garrard	
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
Margie E Morrison		SHARON GARRARD			
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title		AND:		County/Office No. OR Dealer No. OR Notary Expiration Date	
DEALERSHIP POSITION/AGENT/NOTARY		2-10-2006			
<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 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)		BLOG PERMIT OFFICE/PHONE #		BLOG PERMIT #	
City of Anacortes Building Department				347-2002-8289	
SIGNATURE / POSITION		DATE			
Lenny Andrews Building Inspector		11/6/03			

Ref. 2003 Marlett VIN# H-021640 A/B

<b>6 SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u>Daniel Martin B.m.f.</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Diane L Martin Branch Manager</u>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on <u>12/22/03</u>	
		County of <u>Island</u>			
		PRINT NAME OF LEGAL OWNER <u>Diane L. Martin</u>		Signature <u>Barbara A. Huff</u>	
		PRINT NAME OF LEGAL OWNER <u>Branch Manager</u>		NOTARY OR AGENT	
PRINT NAME OF NOTARY <u>Barbara A. Huff</u>		COUNTY/OFFICE NO. OR DEALER NO. OR		AND: <u>2/21/04</u>	
DEALERSHIP POSITION/AGENT/NOTARY <u>Notary Agent</u>		Notary Expiration Date			
<b>7 LAND DESCRIPTION</b>					
A legal description of the land can be obtained from the local County Assessor's Office					
<u>Lot 72, Skyline No 6, as Per plat recorded in Volume 9 of plats, pages 64 through 67A, inclusive records of Skagit County, Washington.</u>					
<b>8 DEALER'S REPORT OF SALE</b>					
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	
<u>HERITAGE HOME CENTER INC.</u>		<u>4423</u>		<u>3-31-03</u>	
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<u>60,471.</u>	<u>3105 6.3</u>	<u>Deanne Winkley</u>			
<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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)		COUNTY OFFICE/VFS OPERATOR NUMBER			
<u>PEGGY A. RIEDEL-GRAHAM</u>		<u>29-01-04</u>			
SIGNATURE		DATE			
<u>Peggy A. Riedel-Graham</u>		<u>2/17/04</u>			
<b>10 TITLE FEES</b>					
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 TDD (360) 664-8885.



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