

RETURN ADDRESS

Title Elimination Services  
21913 Old Hwy 99 SW #4  
P.O. Box 297  
Centralia, WA 98531



200402190089  
Skagit County Auditor

2/19/2004 Page 1 of 4 2:17PM

*MERIDIAN ESCROW / B18993AK*

		<b>MANUFACTURED HOME APPLICATION</b>	
<b>PLEASE CHECK ONE</b>			
<input checked="" type="checkbox"/> TITLE ELIMINATION		<input type="checkbox"/> TRANSFER IN LOCATION	
<input type="checkbox"/> REMOVAL FROM REAL PROPERTY			
<b>1 MANUFACTURED HOME</b> <i>141127</i>			
TPO / PLATE NUMBER <i>FC24971</i>	YEAR <i>92</i>	MAKE <i>Subaru</i>	VEHICLE IDENTIFICATION NUMBER (VIN) <i>CRFLN48A14451BM</i>
<b>2 LAND</b>		ADDITIONAL LEGAL DESCRIPTION ON PAGE _____	
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		PROPERTY TAX PARCEL NUMBER <i>3506130038014</i>	
LOT	BLOCK	PLAT NAME <i>PTA NW-NE AKI LOT 1 S</i>	SECTION/TOWNSHIP/RANGE <i>5-81 13-35-6</i>
A legal description can be obtained from the local County Assessor's Office. If there is not enough room here, use the Application Attachment form, TD-420-732, available at your local County Auditor's Office. <i>LOT 1, SHORT PLAT NO. 5-81, APPROVED AUGUST 10, 1981, RECORDED AUGUST 11, 1981 IN BOOK 5 OF SHORT PLATS, PAGE 110, UNDER AUDITOR'S FILE NO. 8108110039 AND BEING A PORTION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 13, TOWNSHIP 35 NORTH, RANGE 6 EAST, W.M.</i>			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>		ADDITIONAL NAMES ON PAGE _____	
COUNTY <i>SKAGIT</i>	INCORPORATED	UNINCORPORATED	# REGISTERED OWNERS
<i>29</i>		<i>X</i>	<i>1</i>
NAME OF FIRST REGISTERED OWNER <i>JOHN W. McCUTCHEON</i>		DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS OF FIRST REGISTERED OWNER <i>35667 STATE ROUTE 20 - SEDON WASH WA</i>		CITY <i>WA</i>	ZIP CODE <i>98284</i>
NAME OF FIRST LEGAL OWNER <i>WESTERN FEDERAL MORTGAGE, INC.</i>		DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS OF FIRST LEGAL OWNER <i>1140-140th AVE NE, STE A, BELLEVUE</i>		CITY <i>WA</i>	ZIP CODE <i>98005</i>
<b>GRANTEE(S)</b>		ADDITIONAL NAMES ON PAGE _____	
NAME OF FIRST GRANTEE		DOL CUSTOMER ACCOUNT NUMBER	
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)		I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I / WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:	
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY:		SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE <i>X X [Signature]</i>	
SIGNATURE OF FIRST LEGAL OWNER AND TITLE, IF APPLICABLE <i>X [Signature]</i>		SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE	
NOTARY SEAL OR STAMP  <i>See page 3 of this application for acknowledgment</i>	NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE		
State of Washington County of _____		Signed or attested before me on _____	
by _____ Printed Name of Applicant		Signature _____	
Title _____ DEALERSHIP Position/Agent/NOTARY		Dealer No. OR AND: County/Office No. OR Notary Expiration Date _____	
<b>DEALER'S REPORT OF SALE</b> I certify that this information is correct. The vehicle is clear of encumbrances except as shown.			
DEALER NAME		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).			
<b>4 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)</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) <i>See page 2 of application</i>		COUNTY OFFICE/WFS OPERATOR NUMBER	
SIGNATURE		DATE	

<b>5 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	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>6 BUILDING PERMIT OFFICE CERTIFICATION</b>	
I certify that the manufactured home has been affixed to the real property as described, OR a building permit has been issued for this purpose and the attachment will be inspected upon completion	
NAME	BLDG PERMIT OFFICE/PHONE #
Georgine Rossion	SKAGIT COUNTY PERMIT CENTER 360-336-9410
SIGNATURE / POSITION	DATE
Georgine Rossion Permit Technician	11/20/03

**INSTRUCTIONS**

COMPLETE THE APPROPRIATE BOXES ON THE FORM AS INDICATED BELOW, DEPENDING UPON THE TRANSACTION YOU WISH TO PROCESS.

- A. **Manufactured Home Title Elimination Application** (complete boxes 1, 2, 3, 4 and 6). Use to eliminate a title for a manufactured home which is to become real property.
- B. **Manufactured Home Transfer In Location Application** (complete all boxes). Use only when a manufactured home (whose title has been eliminated) is being moved to land with a different legal description AND will become part of the real property to which it will be moved and affixed. If the transfer in location is between two different counties, prepare this form in duplicate and have each recorded in its respective county.
- C. **Manufactured Home Removal From Real Property Application** (complete boxes 1, 2, 3, 4 and 5). Use when titling a manufactured home whose title has been previously eliminated. Once properly completed and recorded, this application becomes a supporting document along with others required to apply for a Certificate of Title for the manufactured home.

**IMPORTANT: SIGNATURES OF THE OWNERS ON THE MANUFACTURED HOME APPLICATION INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 46.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/THEY OWN AND TO WHICH IT IS/WILL BE AFFIXED. IF THE MANUFACTURED HOME IS BEING REMOVED FROM REAL PROPERTY, SIGNATURES OF THE OWNERS PER THE REAL PROPERTY RECORDS INDICATE CONSENT TO THE REMOVAL. THE FORM MAY THEN BE USED FOR MAKING APPLICATION FOR TITLE WITH THE DEPARTMENT OF LICENSING AS PROVIDED BY CHAPTER 46.12 RCW.**

**Note:** Owners of the manufactured home must own the land when the application is for a Manufactured Home Title Elimination or a Manufactured Home Transfer In Location, as provided by Chapter 65.20 RCW.

- SECTION 1 Enter the description of the manufactured home.
- SECTION 2 Place an "X" in the appropriate box and enter the property tax parcel number, lot, block, plat number and section/township/range, when applicable. Write a legal description in the space provided. If there is not enough room, use the Title Application Attachment (TD0420-732). When processing a "Transfer in Location Application," both boxes should be checked. The application must then be accompanied by two separate land descriptions.
- SECTION 3 This area must be signed by all registered owners of the manufactured home when processing a title elimination. **If the manufactured home has been sold and is being removed from the real property, the owners per the real property records must complete this portion to obtain a Certificate of Title.** Signatures of the owners must be notarized or certified by the selling dealer or a vehicle licensing agent. Fees will include a filing and application fee plus sales or use tax due. Additional fees may include: a title elimination fee and a Mobile Home Affairs Fee. Subagents will charge an additional service fee. (Fees are subject to change without notice.)
- SECTION 4 Take the properly completed Manufactured Home Application and all necessary supporting documents to the County Auditor/Licensing Agent Office for approval. Supporting documents may include but are not limited to: proof of ownership or a Manufacturer's Statement of Origin (MSO), proof of taxes paid, and applicable release(s) of interest. Subagents may not complete the approval portion of this form.
- SECTION 5 The "Title Company Certification" box must be completed when processing a "Transfer In Location" or a "Removal From Real Property" application. **Important:** The final recorded application form must be submitted to a vehicle licensing agent within 10 days of the title company's certification.
- SECTION 6 When processing an "Elimination" or "Transfer In Location" application, a city or county office (depending upon the location of the manufactured home) must certify that the home is affixed to the land; or, issue a building permit to affix the manufactured home to the land, inspecting the completed attachment. The issuing office must sign the application, adding the permit number if the inspection has not yet occurred.

**IMPORTANT:** Once the application has been approved by the County Auditor/Licensing Agent 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.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodations, call TDD (360) 664-8895.



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MERIDIAN ESCROW / B18993 AK

		<b>MANUFACTURED HOME APPLICATION</b>	
<b>PLEASE CHECK ONE</b>			
<input checked="" type="checkbox"/> TITLE ELIMINATION		<input type="checkbox"/> TRANSFER IN LOCATION	
<input type="checkbox"/> REMOVAL FROM REAL PROPERTY			
<b>1 MANUFACTURED HOME</b> <u>P41127</u>			
TPO / PLATE NUMBER <u>1024971</u>	YEAR <u>92</u>	MAKE <u>Fltwood</u>	LENGTH X WIDTH X HEIGHT   VEHICLE IDENTIFICATION NUMBER (VIN) <u>69 X 14   OKFLN48A144518M</u>
<b>2 LAND</b>			<b>ADDITIONAL LEGAL DESCRIPTION ON PAGE</b>
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			TITLE FEES FILING FEE APPLICATION MOBILE HOME FEE ELIMINATION FEE USE TAX SUB-AGENT FEES TOTAL FEES & TAX
LOT	BLOCK	PLAT NAME	PROPERTY TAX PARCEL NUMBER
		<u>PTN NW-NE AKA LOT 1 SP</u>	<u>35061300280014</u>
		<u>5-81</u>	SECTION/TOWNSHIP/RANGE <u>13-35-6</u>
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COUNTY #	INCORPORATED	UNINCORPORATED	# REGISTERED OWNERS   # LEGAL OWNERS
NAME OF FIRST REGISTERED OWNER <u>JOHN W. McCUTCHERON</u>		DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS OF FIRST REGISTERED OWNER <u>35667 STATE ROUTE 20</u>		CITY <u>SEDRO WOOLEY</u>	STATE <u>WA</u>
NAME OF FIRST LEGAL OWNER <u>WESTERN FEDERAL MORTGAGE, INC.</u>		DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS OF FIRST LEGAL OWNER <u>833-108TH AVE NE, STE 201, BELLEVUE</u>		CITY <u>BELLEVUE</u>	STATE <u>WA</u>
ZIP CODE <u>98004</u>		ZIP CODE <u>98004</u>	
<b>GRANTEE(S)</b>		<b>ADDITIONAL NAMES ON PAGE</b>	
NAME OF FIRST GRANTEE		DOL CUSTOMER ACCOUNT NUMBER	
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 48.12.210)		I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I / WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:	
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NOTARY SEAL OR STAMP		NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
State of Washington County of _____		Signed or attested before me on _____	
by _____ Printed Name of Applicant		Signature _____	
Title _____ DEALERSHIP Position/Agent/NOTARY		Dealer No. OR _____ AND: County/Office No. OR _____ Notary Expiration Date _____	
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NAME (TYPED OR PRINTED) <u>TARA N RAMOS</u>		COUNTY OFFICE/VF6 OPERATOR NUMBER <u>Lewis 210108</u>	
SIGNATURE 		DATE <u>2/13/04</u>	



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 Skagit County Auditor

STATE OF WASHINGTON

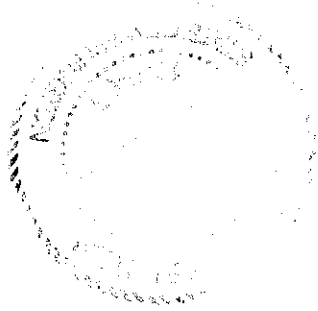
COUNTY OF KING

ON THIS DAY PERSONALLY APPEARED  
**JOHN W. MCCUTCHEON**  
TO ME KNOWN TO BE THE  
INDIVIDUAL(S) DESCRIBED IN AND  
WHO EXECUTED THE WITHIN AND FOREGOING INSTRUMENT,  
AND ACKNOWLEDGED THAT **HE/SHE/THEY** SIGNED THE SAME  
AS **HIS/HER/THEIR** FREE AND VOLUNTARY ACT AND DEED,  
FOR THE USES AND PURPOSES THEREIN MENTIONED.

GIVEN UNDER MY HAND AND OFFICIAL SEAL THIS 29

January 2004  
Angela R. Best

NOTARY PUBLIC IN AND FOR THE STATE OF  
WASHINGTON, RESIDING AT Walla Walla WA  
MY APPOINTMENT EXPIRES 10/29/05



200402190089

Skagit County Auditor