

RETURN ADDRESS

Washington Mutual
3060 139th Ave. S.E., Ste 401/3471WHWA
Bellevue, WA 98005



200403180119

Skagit County Auditor

3/18/2004 Page 1 of 2 4:04PM

CHICAGO TITLE CO.

C29786 ✓

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)	
Z091736	1994	LEXIN	48 X 28	2T910818GAB	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 4623-000-006-0005	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
6		Garden Terrace			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
Skagit County	1		1		
NAME OF REGISTERED OWNER FURE, JEFFREY S.					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
8946 GARDEN TERRACE LANCE		SEDRO WOOLLEY	WA	98284	
NAME OF LEGAL OWNER WASHINGTON MUTUAL					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
3060 139TH AVE. S.E., STE 401		BELLEVUE	WA	98005	
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>Jeffrey S Fure</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on Feb. 6, 2004	
		by Jeffrey S. Fure PRINT NAME OF REGISTERED OWNER		Signature <i>Marcia J. Jennings</i> NOTARY OR AGENT	
		by PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY Marcia J. Jennings	
Title Notary Public		AND: County/Office No. OR Dealer No. OR 10/5/2004 Notary Expiration Date			
DEALERSHIP POSITION/AGENT/NOTARY					
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			
SIGNATURE / POSITION		DATE			
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 checked="" 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)		BLOG PERMIT OFFICE/PHONE # 360-336-9410 SKAGIT COUNTY PERMIT CENTER		BLOG PERMIT # 94-0129	
SIGNATURE / POSITION		DATE			
<i>Elaine Pitman</i>		<i>Support Services</i>		2-17-04	

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 Farnee MurphySignature of Additional Legal Owner and Title, IF APPLICABLE FUNDER

NOTARY PUBLIC OR STAMP

Notary Public
State of Washington
ELIZABETH ANN DIRKES
My Commission Expires Dec 1, 2004**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of KINGSigned or attested
before me on 2/09/04by WASHINGTON MUTUAL BANK
PRINT NAME OF LEGAL OWNERSignature Elizabeth Ann Dirkes
NOTARY OR AGENTby
PRINT NAME OF LEGAL OWNERELIZABETH ANN DIRKES
PRINTED NAME OF NOTARYTitle NOTARY
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR 12/01/04
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 6, PLAT OF GARDEN TERRACE, according to the duly recorded plat thereof, in Volume 15 of Plats, pages 153 and 154, records of Skagit County, Washington.

Situated 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)

COUNTY OFFICE/VFS OPERATOR NUMBER

SIGNATURE

DATE

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 a policy
If you need special accommodation, please contact us at 1-800-541-5273200403180119
Skagit County Auditor