

RETURN ADDRESS

Land Title Company

P.O. Box 445/111 E. George Hopper Road

Burlington, WA 98233

109389-PE

KA



200403260045

Skagit County Auditor

3/26/2004 Page

1 of

2 11:21AM

LAND TITLE OF SKAGIT COUNTY

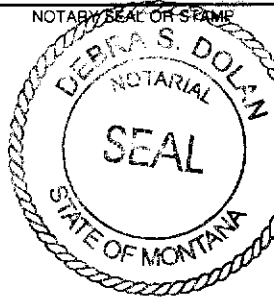
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER 911603 NEW	YEAR 2004	MAKE SKYLINE	LENGTH/WIDTH (FEET) 60 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 911603 D1910322S	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 4719-000-037-0000/P113651	
LOT 37	BLOCK	PLAT NAME Bakerview West		SECTION/TOWNSHIP/RANGE	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS 2 (two)		NUMBER OF LEGAL OWNERS 1 (one)	
NAME OF REGISTERED OWNER Tiedemann, Robert W.					
NAME OF ADDITIONAL REGISTERED OWNER Tiedemann, Deborah M.					
ADDRESS 2906 Timothy Place		CITY Mount Vernon		STATE WA	ZIP CODE 98273
NAME OF LEGAL OWNER MANN FINANCIAL, INC.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 3210 EUCLID AVENUE		CITY HELENA		STATE MT	ZIP CODE 59624
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on 3-19-04	
		by Robert W. Tiedemann PRINT NAME OF REGISTERED OWNER		Signature	
		by Deborah M. Tiedemann PRINT NAME OF REGISTERED OWNER		KAREN ASHLEY PRINTED NAME OF NOTARY	
		Title Notary/Escrow Officer DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date	
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) Karen Ashley		TITLE COMPANY / PHONE NUMBER Land Title Company (360) 707-2312			
SIGNATURE / POSITION Escrow Officer		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) Andy Booth		BLDG PERMIT OFFICE/PHONE # (360) 336-6214		BLDG PERMIT # 18123	
SIGNATURE / POSITION 				DATE 3-10-04	

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

Signature of Additional Legal Owner and Title, IF APPLICABLE

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of ~~Washington~~ **MONTANA**
County of **LEWIS & CLARK**Signed or attested before me on **3-25-04**by **ROBERT A. CYR**
PRINT NAME OF LEGAL OWNERSignature **[Signature]**
NOTARY OR AGENTby
PRINT NAME OF LEGAL OWNER**DEBRA S. DOLAN**
PRINTED NAME OF NOTARYTitle
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR
Notary Expiration Date **June 12, 2006****7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 37, "PLAT OF BAKERVIEW WEST," as per plat recorded in Volume 17 of Plats, pages 13 through 16, inclusive, records of Skagit County, Washington.

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)

Coach Corral Manufactured Home Sales

WA DEALER NUMBER

4278

DATE OF SALE

03/22/04

PURCHASE PRICE

68625

TAX JURISDICTION/TAX RATE

7.9%

DEALER'S AUTHORIZED SIGNATURE

[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)

Rodrigo Angulo

COUNTY OFFICE/VFS OPERATOR NUMBER

2901-02

SIGNATURE

[Signature]

DATE

03-26-04**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
If you need special accommodation.



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Skagit County Auditor