

RETURN ADDRESS

Land Title Company

P.O. Box 445

111 E. George Hopper Road

Burlington, WA 98233

110952-SE

KA



200404020048

Skagit County Auditor

4/2/2004 Page

1 of

2 8:58AM

LAND TITLE OF SKAGIT COUNTY

	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 105045	YEAR 1984	MAKE FLEETWOOD	LENGTH/WIDTH (FEET) 70 X 20	VEHICLE IDENTIFICATION NUMBER (VIN) WAFL2AE2331 5395
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER: **340326-4-049-0009/P20904**

LOT 2	BLOCK 3	PLAT NAME Map of Syndicate Addition to the Town of LaConner	SECTION/TOWNSHIP/RANGE
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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)
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NAME OF REGISTERED OWNER
Felicia R. Value

NAME OF ADDITIONAL REGISTERED OWNER
Melody W. Libby

ADDRESS CITY STATE ZIP CODE
P.O. Box 1230 LaConner WA 98257

NAME OF LEGAL OWNER
M & T Mortgage Corporation

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE
11130 NE 33rd Place, Suite 100, Bellevue, WA 98004

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 _____

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of **Skagit**

Signed or attested before me on _____

by **Felicia R. Value** PRINT NAME OF REGISTERED OWNER

by **Melody W. Libby** PRINT NAME OF REGISTERED OWNER

Title **Escrow Officer/Notary** DEALERSHIP POSITION/AGENT/NOTARY

Signature _____ NOTARY OR AGENT

PRINTED NAME OF NOTARY **Shelley L. Nevitt**

AND: County/Office No. OR _____ Dealer No. OR **3-9-07** 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) TITLE COMPANY / PHONE NUMBER DATE
Karen Ashley Land Title Company (360)707-2312

SIGNATURE / POSITION
Karen Ashley Escrow Officer

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: the manufactured home has been affixed to the real property as described.
 a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT # DATE
TISH CAMPBELL SKAGIT COUNTY PERMIT CENTER 360/556-9410 No # 1N 1984

SIGNATURE / POSITION
Tish Campbell Permit Technician 02/27/04

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 Greg Meredith, V.P.
 Signature of Additional Legal Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>King</u>	Signed or attested before me on <u>3/5/04</u>
	by <u>Greg Meredith</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Ann R. Geer</u>
Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR <u>12/31/04</u> Dealer No. OR _____ Notary Expiration Date <u>[Circled]</u>	

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

The Southerly 80 feet of the Easterly 1/2 of Lot 2, Block 3, "MAP OF SYNDICATE ADDITION TO THE TOWN OF LaCONNER, SKAGIT CO., WASH.," as per plat recorded in Volume 2 of Plats, pages 109, records of Skagit County, Washington.

Situate in the Town of LaConner, County of Skagit, State of Washington.

Together with that certain Manufactured Home, serial number: WAFL2AE233153958 FLEETWOOD 70 X 20 Year: 1984

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

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) <u>Husky Lowery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>[Signature]</u>	DATE <u>4/2/04</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 Licensing has a policy of providing equal access to its services. If you need special accommodation, please call 1-800-541-5900.

