THE COMPANY CERTIFICATION  SAGGIT CONTROL SAGGIT CO	CHICAGO TITLE CO. IC 29925  CH	ETURN ADDRESS	
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MANUFACTURED HOME APPLICATION   TRANSFER IN LOCATION   REMOVAL FROM REAL PROPERTY to story, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)   REMOVAL FROM REAL PROPERTY to story, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)   REMOVAL FROM REAL PROPERTY to story, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)   REMOVAL FROM REAL PROPERTY to story, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)   REMOVAL FROM REAL PROPERTY IN ANDER (PLAN)   REMOVAL FROM REAL PROPERTY IN ANDER (PLAN)   REMOVAL FROM REAL PROPERTY IN ANDER (PLAN)   REMOVED   REAL PROPERTY IN ANDER (PLAN)   REMOVED   REAL PROPERTY IN ANDER (PLAN)   REMOVED   RECTION TO MAKE (PLAN)   REMOVED   RESISTENCE OWNERS   RESISTENCE OWNERS   RESISTENCE OWNERS   REMOVED   RESISTENCE OWNERS   RESISTENCE OWNERS   REMOVED   RESISTENCE OWNERS   RESISTENCE OWNERS   REMOVED   REMOVED	MANUFACTURED HOME APPLICATION  TRANSFER IN LOCATION  TRANSFER IN L	Helena, MT 59601	4/19/2004
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DEPART NUMBER   YEAR   1995   MARE   1995   Fleetwood   S6   X 28   WAFLS311320WC13   WAFLS311320WC13	PLATE NUMBER   SABELON   SECTION OF PROJECT   SECTION NUMBER (VIV.)    SABO   S	APPLICATI Anyone who knowingly makes a false statement of a material fac	ON □ TRANSFER IN LOCATION □ REMOVAL FROM REAL PROPERTY
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GILSTRAP, EDITH  AME OF ADDITIONAL REGISTERED OWNER  SORRESS  OTTY  STATE  ZIP CODE  WA  98284  AME OF LEGAL OWNER  MARIN Financial Inc.  AME OF ADDITIONAL LEGAL OWNER  DODRESS  3210 Euclid Avenue  Helena  MT  59601  GRANTEE  AME  DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AMMARE THE REGISTERED OWNER(S) OF THIS EHICLE AND THIS INFORMATION IS ACCURATE:  Signature of Registered Owner and Title, IF APPLICABLE  NOTABLE STATE  NOTABLE OF ABSIMP  AUDIC  State of Washington  State of Washington  State of Washington  State of Washington  Skagit  Signature Of Additional Registered Owner and Title, IF APPLICABLE  NOTARY STATE  Signature of Additional Registered Owner and Title, IF APPLICABLE  NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE  Signature of Additional Registered Owner and Title, IF APPLICABLE  NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE  Signature  Marcia J. Jennings  PRINT NAME OF REGISTERED OWNER  TITLE COMPANY / PHONE NUMBER  TITLE COMPANY / PHONE NUMBER  ITHIE COMPANY / PHONE NUMBER	CITY STATE ZIP CODE  MA 98284  OF LEGAL OWNER  MR FINANCIAL INC.  OF ADDITIONAL LEGAL OWNER  ESS  CITY STATE ZIP CODE  MT 59601  MT 59601  INTEE  SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AM/ABE THE REGISTERED OWNER(S) OF THIS  CICLE AND THIS INFORMATION IS ACCURATE:  Signature of Registered Owner and Title, IF APPLICABLE  WOTABLESS OF STAMP  NOT ARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE  State of Washington County of State of Washington County of Dealer No. OR 10/5/2004  DEALERSHIP POSITION/AGENTROCARY PRINTED NAME OF REGISTERED OWNER  PRINT NAME OF REGISTERED OWNER  Marcia J. Jennings  Marcia J. Jenn		1
DORESS  SOTION STATE ZIP CODE  SENSON GARDON TO THE COMPANY OF PERJURY THAT I / WE AMARE THE REGISTERED OWNER(S) OF THIS EHICLE AND THIS INFORMATION IS ACCURATE:  Signature of Registered Owner and Title, IF APPLICABLE  NOTABLE STATE  Signature of Registered Owner and Title, IF APPLICABLE  NOTABLE STATE  NOTABLE STATE  SIGNATURE  State of Washington  County of  State of Washington  County of  State of Washington  State of Washington  State of Washington  County of  State of Washington  State of Washington  State of Washington  County of  State of Washington  State of Washington  County of  State of Washington  State of Washington  County of  State of Washington  County of  State of Washington  State of Washington  County of  PRINT NAME OF REGISTERED OWNER  Marcia J. Jennings  PRINT NAME OF REGISTERED OWNER  PRINT NAME OF REGISTERED OWNER  Marcia J. Jennings  PRINT NAME OF REGISTERED OWNER  NOTARY PUBLIC  OBALERSHIP POSITIONAGENTINOTARY  NOTARY SEPTIMEN  TITLE COMPANY / PHONE NUMBER  TITLE COMPANY / PHONE NUMB	OF ADDITIONAL REGISTERED OWNER  ESS OTY STATE ZIP CODE  Sedro Woolley WA 98284  OF LEGAL OWNER  IN Financial Inc.  OF ADDITIONAL LEGAL OWNER  ESS OTY STATE ZIP CODE  MT 59601  INTEE  SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AM/ARE THE REGISTERED OWNER(S) OF THIS ICLE AND THIS INFORMATION IS ACCURATE:  Signature of Registered Owner and Title, IF APPLICABLE  AUTURE STATE ZIP CODE  MT 59601  INTEE  SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AM/ARE THE REGISTERED OWNER(S) OF THIS ICLE AND THIS INFORMATION IS ACCURATE:  Signature of Registered Owner and Title, IF APPLICABLE  NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE  SIG	GILSTRAP, EDITH	
Selection of Additional Registered Owner and Title, IF APPLICABLE  NOTARY TO State of Washington  County of Skagit  Signature of Additional Registered Owner and Title, IF APPLICABLE  NOTARY TO State of Washington  County of Skagit  Signature of Additional Registered Owner and Title, IF APPLICABLE  NOTARY TO State of Washington  County of Skagit  Signature of Additional Registered Owner and Title, IF APPLICABLE  NOTARY TO State of Washington  State of Washington  County of Skagit  Signature Or Agent Marcia J. Jennings  PRINTED NAME OF REGISTERED OWNER  TITLE COMPANY CERTIFICATION  TITLE COMPANY (PHONE NUMBER)  DATE  Included this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.	SO Garden Terrace Lane Sedro Woolley WA 98284  OF LEGAL OWNER  THE FINANCIAL Inc.  OF ADDITIONAL LEGAL OWNER  ESS CITY STATE ZIP CODE  MIT 59601  INTEE  SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS  ICLE AND THIS INFORMATION IS ACCURATE:  Signature of Registered Owner and Title, IF APPLICABLE  WOTARY SOLEMAN OWNER OWNER AND THIS INFORMATION IS ACCURATE:  SIGNATURE OF ADDITIONAL REGISTERED OWNER	IAME OF ADDITIONAL REGISTERED OWNER	
Mann Financial Inc.  MME OF ADDITIONAL LEGAL OWNER  DORESS  3210 Euclid Avenue  Helena  MT 59601  BRANTEE  MME  DO SOLEMINLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AM/ARE THE REGISTERED OWNER(S) OF THIS EHICLE AND THIS INFORMATION IS ACCURATE:  Signature of Registered Owner and Title, IF APPLICABLE  NOTABLESSED OF STAMP  NOTABLIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE  State of Washington  County of Skagit  Signature  NOTABLY OF PERSON ON THE SIGNATURE  Signature of Additional Registered Owner and Title, IF APPLICABLE  NOTABLIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE  State of Washington  County of Skagit  Signature  NOTABLY OF AGENT  TITLE NOTABLY OF REGISTERED OWNER  PRINTED NAME OF REGISTERED OWNER  PRINTED NAME OF NOTABLY OF AGENT  NOTABLY OF AGENT  TITLE COMPANY CERTIFICATION  Certify that the legal description of the land and ownership is true and correct per the real property records.  AME (TYPED OR PRINTED)  DATE  INCLUDED THE COMPANY / PHONE NUMBER	OF LEGAL OWNER  IN Financial Inc.  OF ADDITIONAL LEGAL OWNER  ESS  CITY  STATE ZIP CODE  MT 59601  INTEE  SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS  CICLE AND THIS INFORMATION IS ACCURATE:  Signature of Registered Owner and Title, IF APPLICABLE  ACCURATE  SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS  CICLE AND THIS INFORMATION IS ACCURATE:  Signature of Registered Owner and Title, IF APPLICABLE  NOTARY SOLEMNING State of Washington  County of Skagit  Signed of attested Deforme on 3/11/2004  Dealer No. OR 10/15/2004  Marcia J. Jennings  PRINTED NAME OF REGISTERED OWNER  Marcia J. Jennings  PRINTED NAME OF REGISTERED OWNER  OCCUPYOFINION NOTARY  TITLE COMPANY CERTIFICATION  If that the legal description of the land and ownership is true and correct per the real property records.  ITTLE COMPANY CERTIFICATION  If the THE PRINTED NAME OF REGISTERED OWNER OF REGI	ADDRESS	STATE ZIP CODE
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BLDG PERMIT OFFICE/PHONE # 336-9410 | BLDG PERMIT #

28068

DATE

3-11-04

SKAGIT COUNTY PERMIT CENTER

NAME (TYPED OR PRINTED)

SIGNATURE / POSITION

6 SIGNATURE OF LEG	AL OWNER								
SIGNATURE OF LEGAL		ATES CONSE	NT FOR	ELIMINATI	N OF TIT	LE/REMOV	AL FROM F	EAL PROPE	RTY.
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The Department of Licensing has a policy of p If you need special accommodation, please cε

