

## RETURN ADDRESS

Chicago Title Company


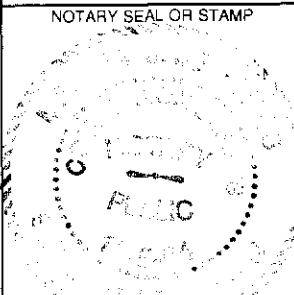
P. O. Box 670

Burlington WA 98233

Lease # 25-81713-104 Dudley

200408030191  
Skagit County Auditor  
8/3/2004 Page 1 of 2 3:40PM

CHICAGO TITLE IC31720

		<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	
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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
&057941	1994	NASHU	48 X 26	NN1D33257AB	
<b>2 LAND</b>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 4623-000-008-0007		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
8		Garden Terrace			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
Skagit	1		1		
NAME OF REGISTERED OWNER					
DUDLEY, DUANE E.					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
8501 MENTRA STREET		CITY		STATE	ZIP CODE
		ANCHORAGE		AK	99518
NAME OF LEGAL OWNER					
MANN FINANCIAL, INC.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
3210 EUCLID AVENUE		CITY		STATE	ZIP CODE
		HELENA		MT	59601
GRANTEE					
NAME					
MANN FINANCIAL, INC.					
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>Duane E. Dudley</i>					
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 <u>Skagit</u> Signed or attested before me on <u>7/22/2004</u>			
		by <u>Duane E. Dudley</u> PRINT NAME OF REGISTERED OWNER			
		by <u>Marcia J. Jennings</u> PRINT NAME OF REGISTERED OWNER			
		Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY			
				AND: County/Office No. <u>OR</u> Dealer No. <u>OR</u> Notary Expiration Date <u>10/5/2004</u>	
<b>4 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 (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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
Georgine Rossen		336-9410		28072	
SIGNATURE / POSITION		DATE			
<i>Georgine Rossen</i>		8/3/04			

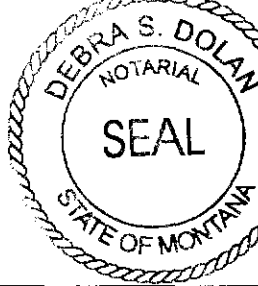
**6 SIGNATURE OF LEGAL OWNER**

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

NOTARY SEAL OR STAMP

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of ~~Washington~~ **MONTANA**  
County of **Challis & Clark**Signed or attested  
before me on**07-26-04**by **DEBRA S. DOLAN**  
PRINT NAME OF LEGAL OWNER  
by **TANA KASUN, ASST. Vice Pres.**  
PRINT NAME OF LEGAL OWNER  
by **for Mann Financial**  
PRINT NAME OF LEGAL OWNERSignature **Debra S. Dolan**  
NOTARY OR AGENTPRINTED NAME OF NOTARY  
**DEBRA S. DOLAN**Title **Notary Public**  
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR  
Dealer No. OR  
Notary Expiration Date **06-12-06****7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 8, PLAT OF GARDEN TERRACE, according to the plat thereof, recorded in Volume 15 of Plats, pages 153 and 154, records of Skagit County, Washington.

Situated in Skagit County, 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)		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) <b>Jamie McCrear</b>	COUNTY OFFICE VES OPERATOR NUMBER <b>2901-21</b>
SIGNATURE <b>Jamie McCrear</b>	DATE <b>8/30/04</b>

**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, call 1-800-3600 or TDD (360) 664-8885.

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Skagit County Auditor