## RETURN ADDRESS



| Mr. & Mrs. Roderick G. Rapp  | 9/29/2004 Page 1 of 3 0 ass  |
|--|--|
| 23641 Gavin Drive  | 1 of 3 3:22PM  |
| Mount Vernon, WA 98274   |  |
| <del>* //* \</del> \   |  |
|  | ***************************************  |
|  | CHICAGO TITLE CO. 1030435V   |
| NANUEAGRUDE  | DI FACE OUTOK ONE  |
| T STATE OF WASHINGTON MANUFACTURE  ICENSING APPLICATION  APPLICATION | D HOWE CATITLE ELIMINATION   |
| Anyone who knowingly makes a false statement of a material fac   | et is guilty REMOVAL FROM REAL PROPERTY  |
| of a felony, and upon conviction may be punished by a fine, imp  | risonment, or both. (RCW 46.12.210)  |
| 1 MANUFACTURED HOME  | Trees Arting a postification with the Parket   |
| TPO / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(   | ORELAA8A30048=1D13   |
| 2 LAND   | LEGAL DESCRIPTION ON PAGE  |
| MANUFACTURED HOME WILL BE AFFIXED REMOVE   | REAL PROPERTY TAX PARCEL NUMBER 4832-000-003-0000/P12137                                     |
| BLOCK PLAT NAME Skagit Co  |  |
|  | ADDITIONAL NAMES ON PAGE   |
| COUNTY NUMBER OF REGISTERED C  | WNERS NUMBER OF LEGAL OWNERS   |
| 2  | 1  |
| NAME OF REGISTERED OWNER  Roderick G. Rapp   |  |
| NAME OF ADDITIONAL REGISTERED OWNER  |  |
| Renee M. Rapp  |  |
| ADDRESS CITY   | STATE ZIP CODE   |
| 23641 Gavin Drive Mount Vernon NAME OF LEGAL OWNER   | WA 98274   |
| Golf Savings Bank  |  |
| NAME OF ADDITIONAL LEGAL OWNER   |  |
| ADDRESS CITY   | STATE ZIP CODE   |
| P.O. Box 5857 Lynnwood   | WA 98046   |
| GRANTEE  |  |
| NAME   |  |
| I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT   | TI/WE AM/ARE THE REGISTERED OWNER(S) OF THIS   |
| VEHICLE AND THIS INFORMATION IS ACCURATE:  | 9-0-2014p  |
| Signature of Registered Owner and Title, IF APPLICABLE   | Roderick So Rapo   |
| Signature of Additional Registered Owner and Title, IF APPLICABLE  | Rise Popp  |
| NOTARY SEAL OF STATE NOTARIZATION/CERTIFI  | CATION FOR REGISTERED OWNER(S) SIGNATURE   |
| State of Washington County of Skag   | it Signed or attested before me on June 4, 2004  |
| Country of   |  |
| County of Skag  Roderick G. Rapp  By Rint Name of Registered Owner   | Signature MALL Long  |
| Renee M. Rapp  | Naprcy Lea Cleave  |
| PRINT NAME OF REGISTERED OWNE  | R PRINTED NAME OF NOTARY   |
| Title Notary   | County/Office No. OR AND: Dealer No. OR  |
| 4 TITLE COMPANY CERTIFICATION  | Notary Expiration Date 9-1-06  |
| I certify that the legal description of the land and ownership is true an  | d 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 calend  | lar days of the date Title Company Representative signs.                                     |
| 5 BUILDING PERMIT OFFICE CERTIFICATION   |  |
| I certify that: the manufactured home has been affixed to a building permit has been issued for this pure  | the real property as described.  rpose and the attachment will be inspected upon completion. |
| NAME (TYPED OR PRINTED) BLDG PERMIT OFFI   | CE/PHONE # BLDG PERMIT #   |
| Georgine Rosson SKAGIT COUNTY PERMI  | T CENTER 332-9416   BP04-0563  |

| GNATURE OF LE                               | FLEGAL OWNER<br>EGAL OWNER INDI | CATES CONSENT EC                             | $\overline{}$  |   |                                    |
|---|---------------------------------|--|--|---|------------------------------------|
| (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)     | EGAL OWNER INDI                 | ATES CONSENT SC                              |  |   |                                    |
| Signature                                   |                                 | JATES CONSENT FC                             | OR ELIMINATION OF  | FITLE PREMOVAL                          | FROM REAL PROPERTY                 |
|   | e of Legal Owner and            | Title, IF APPLICABLE                         | 1  | Sku-                                    |                                    |
| -   |                                 | Title, IF APPLICABLE                         |  |   |                                    |
| NOTARY SEAL OR                              | STAMP                           | NOTARIZATION                                 | CERTIFICATION FOI  | R LEGAL OWNER(                          | S) SIGNATURE,                      |
| ROBYN L                                     | MIXER State o                   | fWashington Snd                              | homish   | Signed or atteste<br>before me o        | V) 1 (1/2) / 12/                   |
| STATE OF W                                  | ASHINGTON, DA                   | VID S POORS                                  |  | ignature NOTARY OR                      | MONTENT                            |
| MAY 9                                       | 2007 by G                       | OLF SQUINGS<br>IT NAME OF LEGAL OWNER        | Bank _   | Kdbym<br>RINTED NAME OF NOT             | Mixer_                             |
|   | 1                               | NATAG  | 4  | County/0                                | Office No. OR                      |
|   |                                 | LERSHIP POSITION/AGENA                       |  | Notary E                                | ealer No. OR cpiration Date 5 9 07 |
| LAND DESCRIP                                | TION (A legal desc              | ription of the land ca                       | n be obtained from t   | ne local County As                      | sessor's Office                    |
|   |                                 |  | er en  |   |                                    |
|   |                                 |  |  |   |                                    |
| *   |                                 |  |  |   | Manan's 22                         |
|   |                                 |  |  |   |                                    |
|   | THIS INFORMATIO                 |  | VEHICLE IS CLEAR O   | FENCUMBRANC                             | ES EXCEPT AS SHOWN.                |
| ANY REQUIRED<br>LER NAME (TYPED O           | SALES TAX HAS B                 | EEN COLLECTED.                               | WA DI  | EALER NUMBER                            | DATE OF SALE 4                     |
| COACH                                       | CORRAL                          | INE  | 1/4  | 278.                                    | 7/13/04                            |
| RCHASE PRICE                                | TAX JURISDICT                   |  | S AUTHORIZED SIGNATURE   |   |                                    |
| 5 30 3                                      | J / / /                         | /0   | 20-1   |   |                                    |
|   |                                 |  | on the reservation (atta<br>DVAL: (Not for use by  |   | ient of delivery).                 |
| rtify that the above<br>recording of this f |                                 | o have been completed                        | d correctly, and the appli   | icanthas sufficient d                   | ocumentation to proceed wit        |
| AE ATYPED OR PRINT                          |                                 | /.   | COUN   | TY OFFICE/VFS OPERA                     | V'                                 |
| Kaaria                                      | 74 MIG                          | IUW  | , .  | 2901-0                                  | 2                                  |
| NATURE                                      | 1                               |  |  |   | DATE /20/D/L                       |
| TITI C CCCO                                 | 1                               | <del>-</del>                                 |  | - A Marine                              | 109/29/-T                          |
| NG FEE                                      | APPLICATION                     | MOBILE HOME FEE                              | ELIMINATION FEE  | USE TAX                                 | SUBAGENT FEES                      |
|   | - <del> </del>                  |  | -1   |   | TOTAL FEES & TAX                   |
| IMPORTANT                                   | Licensing Off<br>Retain proof   | ice, take your appli<br>of the recording fee | approved by the Col<br>cation form to the Col<br>es paid. If the Recol<br>tain a certified cop | County Recording<br>rding Office retain | ) Office.                          |
| APP   | Mani                            |  | st return to a Vehicl  |   |                                    |
|   | licen                           | sing Subagenis coa                           | liue a service lee   |   | F - 1                              |

## **EXHIBIT "A"**

## PARCEL A:

Lot 3 of SKAGIT COUNTY SHORT PLAT NO. PL-01-0523 as approved February 2, 2004, and recorded February 17, 2004, under Auditor's File No. 200402170199, records of Skagit County, Washington; being a portion of the Northeast Quarter of Section 36, Township 34 North, Range 4 East of the Willamette Meridian.

Situated in Skagit County, Washington.

## PARCEL B:

An easement for ingress, egress and utilities across Tract A (Saven Drive) as delineated on the face of SKAGIT COUNTY SHORT PLAT NO. PL-01-0523 as approved February 2, 2004, and recorded February 17, 2004, under Auditor's File No. 200402170199, records of Skagit County, Washington; being a portion of the Northeast Quarter of Section 36, Township 34 North, Range 4 East of the Willamette Meridian.

Situated in Skagit County, Washington.

- END OF EXHIBIT "A" -

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