



200410250003

Skagit County Auditor

## RETURN ADDRESS

Land Title Company

111 E. George Hopper Road

P.O. Box 445

Burlington, WA 98233

Escrow #113744-PE

10/25/2004 Page 1 of 2 8:37AM

| STATE OF WASHINGTON<br>Department of<br><b>Licensing</b>  |              | MANUFACTURED HOME<br>APPLICATION   |                               | PLEASE CHECK ONE  |                   |
|---|--------------|--|-------------------------------|---|-------------------|
|   |              |  |                               | <input checked="" type="checkbox"/> TITLE ELIMINATION<br><input type="checkbox"/> TRANSFER IN LOCATION<br><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<br>@13600  | YEAR<br>1976 | MAKE<br>Homette  | LENGTH/WIDTH(FEET)<br>36 X 24 | VEHICLE IDENTIFICATION NUMBER (VIN)<br>03910152J  |                   |
| <b>2 LAND</b> LEGAL DESCRIPTION ON PAGE   |              |  |                               |   |                   |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED  |              |  |                               | REAL PROPERTY TAX PARCEL NUMBER<br>3869-012-018-0017(P63392)  |                   |
| LOT   | BLOCK        | PLAT NAME  |                               | SECTION/TOWNSHIP/RANGE  |                   |
| <b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE  |              |  |                               |   |                   |
| COUNTY NUMBER   |              | NUMBER OF REGISTERED OWNERS<br>2   |                               | NUMBER OF LEGAL OWNERS<br>1   |                   |
| NAME OF REGISTERED OWNER<br>DAVID J. JOHNSON  |              |  |                               |   |                   |
| NAME OF ADDITIONAL REGISTERED OWNER<br>MARY E. JOHNSON  |              |  |                               |   |                   |
| ADDRESS<br>42145 CEDAR STREET   |              | CITY<br>SEDRO WOOLLEY  |                               | STATE<br>WA   | ZIP CODE<br>98284 |
| NAME OF LEGAL OWNER<br>BANNER BANK  |              |  |                               |   |                   |
| NAME OF ADDITIONAL LEGAL OWNER  |              |  |                               |   |                   |
| ADDRESS<br>160 CASCADE PLACE, SUITE 110   |              | CITY<br>BURLINGTON   |                               | STATE<br>WA   | ZIP CODE<br>98233 |
| <b>GRANTEE</b>  |              |  |                               |   |                   |
| NAME<br>ROBERT BLAIR AND BETTY BLAIR  |              |  |                               |   |                   |
| 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>David J. Johnson</i>  |              |  |                               |   |                   |
| Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Mary E. Johnson</i>  |              |  |                               |   |                   |
| NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE  |              |  |                               |   |                   |
| NOTARY SEAL/STAMP<br>ANNELIESE MARIA FARRELL<br>APPOINTMENT EXPIRES<br>NOTARY<br>PUBLIC<br>JUNE 28 2008<br>STATE OF WASHINGTON  |              | State of Washington<br>County of Skagit                                      |                               | Signed or attested before me on 10/20/04  |                   |
| PRINT NAME OF REGISTERED OWNER<br>David J. Johnson  |              | Signature <i>Anneliese Maria Farrell</i><br>NOTARY OR AGENT                  |                               |   |                   |
| PRINT NAME OF REGISTERED OWNER<br>Mary E. Johnson   |              | Anneliese Maria Farrell<br>PRINTED NAME OF NOTARY                            |                               |   |                   |
| Title<br>Notary   |              | AND: County/Office No. OR<br>Dealer No. OR<br>Notary Expiration Date 6/28/08 |                               |   |                   |
| DEALERSHIP POSITION/AGENT/NOTARY  |              |  |                               |   |                   |
| <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)<br>Land Title Company   |              | TITLE COMPANY / PHONE NUMBER<br>360-707-2312                                 |                               |   |                   |
| SIGNATURE / POSITION<br><i>Anneliese Farrell</i>  |              | Escrow Closer  |                               | DATE<br>9/28/04   |                   |
| 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 type="checkbox"/> the manufactured home has been affixed to the real property as described.<br><input type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion. |              |  |                               |   |                   |
| NAME (TYPED OR PRINTED)<br>Elaine Pitman  |              | BLDG PERMIT OFFICE/PHONE # 336-7410<br>SKAGIT COUNTY PERMIT CENTER           |                               | BLDG PERMIT #<br>17289  |                   |
| SIGNATURE / POSITION<br><i>Elaine Pitman, Permit Technician</i>   |              | DATE<br>10-15-04   |                               |   |                   |

**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

*Kathy S Henderson*

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**

State of Washington

County of

WHATCOM

Signed or attested

before me on

10-21-04BANNER BANKby DAVID J. JOHNSON

PRINT NAME OF LEGAL OWNER

Signature

NOTARY OR AGENT

by MARY E JOHNSON

PRINT NAME OF LEGAL OWNER

TANNA DEVISSCHER

PRINTED NAME OF NOTARY

Title

DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR

Dealer No. OR

Notary Expiration Date

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

Lot 18, Block L, "CAPE HORN ON THE SKAGIT DIVISION NO. 2", as per plat recorded in Volume 9 of Plats, pages 14 through 19, inclusive, records of 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)

COUNTY OFFICE/VFS OPERATOR NUMBER

SIGNATURE

DATE

**10 TITLE FEES**

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

SUBAGENT FEES

TOTAL FEES &amp; 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 p  
If you need special accommodation, p



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