RETURN ADDRESS Land Title Escrow		200412030036 Skagit County Auditor		
P.O. Box 445	12	2/3/2004 Page	nty Auditor	
Burlington, WA 98233	~		1 of 2 9:15AI	
106123-PE			-	
STATE OF WASHINGTON MANUFACTU Department of APPLIC APPLIC Anyone who knowingly makes a false statement of a mate of a felony, and upon conviction may be punished by a fin	CATION orial fact is guilty	EXTITLE ELIMINAT ☐TRANSFER IN L ☐REMOVAL FROM		
1 MANUFACTURED HOME		THE PROPERTY OF THE PROPERTY O		
TPO / PLATE NUMBER YEAR / 17 C MAKE LENGTH	WIDTH(FEET) VEHICLE ID 642AC	ENTIFICATION NUMBER (VIN 031445 7 406/8	1)	
2 LAND	LEGAL DESCRI	PTION ON PAGE		
MANUFACTURED HOME WILL BE E AFFIXED . RE	MOVED REAL PE	OPERTY TAX PARCEL NUM 4-000-024-0000	BER	
LOT BLOCK PLAT NAME Raymond J. P	aul Waterfront	SECTION/TOW 34-34-	NSHIP/RANGE 2 E W.M.	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)		AMES ON PAGE		
COUNTY NUMBER OF REGIST	FERED OWNERS	NUMBER OF LEGAL OV	VNERS	
NAME OF REGISTERED OWNER	.55			
BARDEN, STEPHEN				
NAME OF ADDITIONAL REGISTERED OWNER	se ⁿ			
BARDEN, PAMELA ADDRESS	CITY .	STATE	ZIP CODE	
J. 12 00 10 1	Conner	WA	98257	
NAME OF LEGAL OWNER Whidbey Island Bank	January and San			
NAME OF ADDITIONAL LEGAL OWNER				
ADDRESS	CITY	STATE	ZIP CODE	
	ak Harbor	WA WA	98277	
GRANTEE		<u> </u>		
NAME		/		
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY VEHICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICATION OF STANDARD	CABLE Stel	M. Base		
- AL PIOPPER		Signed or attested	07/29/03	
County of Ska	igit	before ne on		
by Stephen Barder PRINT NAME OF REGISTERED by Pamela Barder	s S	ignature NOTARY OR AGE	H	
by Pamela Barder		Carrie Huffe)	
PRINT INNE OF REGIOTETE	D OWNER P	RINTED NAME OF NOTARY		
Title Notary Publ	1C NT/NOTABY	AND: Dealer Notary Expirat	No. OR 12/31/U3	
1 TITLE COMPANY CERTIFICATION		<u> </u>		
I certify that the legal description of the land and ownership is NAME (TYPED OR PRINTED)	true and correct per the	real property records. / PHONE NUMBER		
			DATE	
SIGNATURE / POSITION				
Finalize this application with a Licensing Agent within 10	calendar days of the da	ate Title Company Rep	resentative signs.	
5 BUILDING PERMIT OFFICE CERTIFICATION I certify that: the manufactured home has been affile to building parent has been affile.	xed to the real property:	as described.	ed upon completion	
a building permit has been assession	this purpose and the atta MT OFFICE/PHONE #	BLOG PER	MIT#	
) 464-7281	03	· BP 38	
SIGNATURE / POSTION	Dam. +	Trahn.cian	DATE 10/14/04	

SIGNATURE UP	LEGAL OWNER			
IGNATURE OF LEG	GAL OWNER INDICATES CON	NSENT FOR ELIMINATION	OF THE REMOVAL	Whiday for
Signature	of Legal Owner and Title, IF APF	PLICABLE		/ Bank
ignature of Addition	al Legal Owner and Title, IF APF	PLICABLE		
NOTARY SEAL OR S	TAMP NOTAR	RIZATION/CERTIFICATION	FOR LEGAL OWNER(S	SIGNATURE
	State of Washington Gounty o		Signed or attested before me or	
NOTAR	Y PUBLIC Midbay	Bland Bank by EGALOWNER	Signature # Signature NOTARY OR A	MUZKULLAMO
	WASHINGTON DOLLAR TO TON EXPINES OF LE	4 1 1 M	PRINTED NAME OF NOTAL	EKLEIKAMP
FEBRUA			AND: De	ffice No. OR paler No. OR
	DEALERSHIP POSI	ITION/AGENT/NOTARY		piration Date
LAND DESCRIPT	TION (A legal description of the	he land can be obtained fr	om the local County Ass	sessor's Office
Leased La Lots 24 E W.M.	nd at: & 25, Raymond J. Pa	aul Waterfront T	rs. In Gov. Lot	3, 34-34-2
II Wells				•
		Shirting States		•
		And the second s	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
DEALER'S REP	ORT OF SALE			O EVOEDT AC CHOWN
ANY REQUIRED	THIS INFORMATION IS CORRESALES TAX HAS BEEN COLL	ECT. THE VEHICLE IS CLE LECTED.	AR OF ENCUMBRANCE	S EXCEPT AS SHOWN.
ALER NAME (TYPED O			WA DEALER NUMBER	DATE OF SALE
RCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGN	IATURE	
		-l	n (attach notarized statem	ent of delivery).
USETAXE	XEMPT Sale to a Certified Triba	al member on the reservation		
COUNTY AUDIT	OR/AGENT LICENSING OFFIC	CE APPROVAL: (Not for u	ise by Subagents)	
COUNTY AUDIT	OR/AGENT LICENSING OFFIC application appears to have been	CE APPROVAL: (Not for u	ise by Subagents)	
ertify that the above e recording of this fo	OR/AGENT LICENSING OFFICE application appears to have been only.	CE APPROVAL: (Not for u	ise by Subagents)	cumentation to proceed wi
ertify that the above e recording of this for the fryed on Frints	OR/AGENT LICENSING OFFICE application appears to have been only.	CE APPROVAL: (Not for u	ise by Subagents) eapplicant has sufficient do	cumentation to proceed wi
COUNTY AUDIT Certify that the above the recording of this for TYPED OB FRINTE ONATURE	OR/AGENT LICENSING OFFICE application appears to have been only.	CE APPROVAL: (Not for u	ise by Subagents) eapplicant has sufficient do	cumentation to proceed wi
COUNTY AUDIT ertify that the above e recording of this for the Typed OB FRINTE GNATURE TITLE FEES	orvagent Licensing of Figure application appears to have been only.	CE APPROVAL: (Not for under completed correctly, and the	ise by Subagents) eapplicant has sufficient do country officery to operate	cumentation to proceed wi
ertify that the above e recording of this for the fryed on Frints	orvagent Licensing of Figure application appears to have been only.	CE APPROVAL: (Not for u	ise by Subagents) eapplicant has sufficient do country officery to operate	Cumentation to proceed with the subagent rees
ertify that the above erecording of this for the formation of the formatio	orvagent Licensing of Figure application appears to have been only.	CE APPROVAL: (Not for under completed correctly, and the	ise by Subagents) eapplicant has sufficient do country officery to operate	Cumentation to proceed wi
COUNTY AUDIT ertify that the above e recording of this for the Typed OB FRINTE GNATURE TITLE FEES	application appears to have been application appears to have been application. APPLICATION MOBILE Holders application has been application appears to have been application a	CE APPROVAL: (Not for under completed correctly, and the	e County Auditor / Verthe County Recording Office retain	SUBAGENT FEES TOTAL FEES & TAX sicle Office.

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation

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