and the second						
RETURN ADDRES	e				200504220 Skagit County Aud	litor
Wells Farg	;			4/22	2/2005 Page 1 of	
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and	on, WA 982					
Escrow # 0						
and the second				LAND TILE	OF SKAGIT COUNTY	5410-9
STATE OF WASHI Department of LICENS Anyone who know of a felony, and up	<b>Sing</b>	AP statement o		N [	PLEASE CHEC TITLE ELIMINATION TRANSFER IN LOCATI REMOVAL FROM REAL D. (RCW 46.12.210)	ON
1 MANUFACTU			LENGTH/WIDTH(FEE			
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2 LAND			LEC	AL DESCRIPT	ION ON PAGE	<u> </u>
MANUFACTURED					00-003-0000	
LOТ 3	BLOCK	PLAT NAME	Park Plat		SECTION/TOWNSHIP/RAI	NGE
3 GRANTOR(S)	REGISTERED/LEC	GAL OWNER(	S) AD			· · · · · · · · · · · · · · · · · · ·
COUNTY NUMBER				2110		
NAME OF REGISTERED William J. NAME OF ADDITIONAL	Sullivan		¥			
Leatha M. S		``				
ADDRESS 45050 Cedar	Street		Concrete		STATE ZIP COD WA 98237	
NAME OF LEGAL OWNE	R		<u></u>	and the second sec		
Wells Farg	o Bank, N.A LEGALOWNER	•				
4000566			СІТҮ		STATE ZIP COD	
ADDRESS 1509 A Rive GRANTEE	rside Drive		Mount Verne	ΣΩ ΣΩ Δ	WA 9827	
NAME			······			
I DO SOLEMNLY A VEHICLE AND THI				WE AM/ARE TI		B) OF THIS
-	e of Registered Ow		1		Sullivan	
Signature of Additio					Succisso eatha M	
					Signed or attested before me on 3/2	1/05
			J. Sullivan GISTERED OWNER			layo_
			1. Sullivan	PRIN	Kelli A. Mayo TED NAME OF NOTARY County/Office No. OR	
1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	Title D	notary EALERSHIP POSI	TION/AGENT/NOTARY		AND: Dealer No. OR Notary Expiration Date	0-19-05
4 TITLE COMPA	NY CERTIFICATIO		rshin is true and or	rract ner the rea	l property records	<u>AAX</u>
NAME (TYPED OR PRIN				TLE COMPANY / PH		
SIGNATURE / POSITION					DATE	
			ithin 10 calendar o	lays of the date	Title Company Representa	tive signs.
		TIFICATION		and property as	described	
5 BUILDING PER		red home her	neen affixed to the			U 1
	<ul> <li>☆ the manufactu</li> <li>□ a building perm</li> </ul>	nit has been is:	been affixed to the sued for this purpos	e and the attach	ment will be inspected upon c	ompletion.

SIGNATUR	E OF LEGAL O	WNER		·····	······································		
			ONSENT FOR	ELIMINATION	OF TITLE / REMOVAL	FROM REAL PROPERT	<b>Y</b> .
Sign	ature of Legal Ov	mer and Title, IF A	PPLICABLE _	Diane L.	Martin, MGR II		_
ignature of Ac	dditional Legal Ov	vner and Title, IF A	PPLICABLE _				
NOTARY SEA	ALGR STAMP	NOT	ARIZATION/CI	RTIFICATION	FOR LEGAL OWNER(	S) SIGNATURE	
للأحم فذكر المحمد فذكر المحمد	SION EL	State of Washing Count	yof <u>Ska</u>	git_	Signed or atteste		
N CONT	OTARY #	Well	sford	0	_ Signature Kell	ianap	
F F	PUBLIC	& by	FLEGAL OWNER (	Marti	Kelli G	. Mavo	
1. 4. 6	19-05.05	PRINT NAME O	FLEGAL OWNER		PRINTED NAME OF NOT County/C		_
N'CO	FWASHIN		OSITION/AGENT/N	DTARY	AND: D	ealer No. OR 6/19/05	
LAND DES	CRIPTION (A le	gal description o	f the land can l	e obtained fro	m the local County As	sessor's Office	
Auditor	's File No	Plat" as . 20020605 unty of Sk	0104, rec	ords of Sl	on June 5, 200 Kagit County, hington.	2 under Washington.	
			and the second s				
DEALER'S	REPORT OF SA	ALE		<del>C //</del>		<u></u>	-
				HICLE IS CLEA	R OF ENCUMBRANCI	ES EXCEPT AS SHOWN.	
	PED OR PRINTED	X HAS BEEN CO	LLECTED.		A DEALER NUMBER	DATE OF SALE	
<b>(</b>				(			
RCHASE PRICE	TAX J	URISDICTION/TAX RA	TE DEALER'S A	JTHORIZED SIGNA	TURE		
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GNATUR	no	rea	<u> 9</u> 90	1-2-1		9/20/95	
ING FEE	APPLICATIC		E HOME FEE		E USE TAX	SUBAGENT FEES	
	<u> </u>			<u> </u>		TOTAL FEES & TAX	
IMPORT	Licen: Retail	sing Office, take n proof of the re	e your applica cording fees	tion form to the paid. If the Re	County Auditor / Vel the County Recording ecording Office retain copy of the recorded	) Office.	Sec. 1
	APPLICANTS:	Manufacture	d Home Appli		hicle Licensing offic all required fees. Vie.		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
					on, Removal from R Home Application Ir		
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-420-729 MANUF	HOME APPL (R/8/98)		-	,	20050	4220111	
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