

RETURN ADDRESS

Land Title Company

P.O. Box 445

Burlington, WA 98233

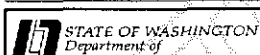
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200505260007

Skagit County Auditor

5/26/2005 Page 1 of 2 8:56AM

MANUFACTURED HOME
APPLICATION

PLEASE CHECK ONE

- ☒ TITLE ELIMINATION
☐ TRANSFER IN LOCATION
☐ 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)

1 MANUFACTURED HOME

TPO / PLATE NUMBER +349735	YEAR 2005	MAKE HOMEB	LENGTH/WIDTH(FEET) 56 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) 2985
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2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER
P121372

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER

David M. Hillman

NAME OF ADDITIONAL REGISTERED OWNER

Tamiria A. Hillman

ADDRESS

23620 Gaven Drive

CITY

Mount Vernon

STATE

WA

ZIP CODE

98274

NAME OF LEGAL OWNER

Washington Mutual Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS

3060 139th Avenue S.E. #200

CITY

Bellevue

STATE

WA

ZIP CODE

98005

GRANTEE

NAME

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

Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of SKAGIT
Signed or attested before me on 5-16-05
by DAVID M. HILLMAN Signature [Signature]
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT
by TAMIRIA A. HILLMAN Signature [Signature]
PRINT NAME OF REGISTERED OWNER
Title NOTARY AND: County/Office No. OR
DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR 6/28/08
Notary Expiration Date

4 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership is true and correct per the real property records.

NAME (TYPED OR PRINTED)

Anneliese Maria Farrell

TITLE COMPANY / PHONE NUMBER

Land Title Co.

(360)707-2312

SIGNATURE / POSITION

[Signature]

DATE

5/16/05

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

5 BUILDING PERMIT OFFICE CERTIFICATION

I certify that: ☒ the manufactured home has been affixed to the real property as described.
☐ a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED)

TISH CAMPBELL - SKAGIT COUNTY PUBLIC UTIL. SERV. 9410

BLDG PERMIT OFFICE/PHONE #

360/330-3300

BLDG PERMIT #

BP04-1026

SIGNATURE / POSITION

[Signature] Permit Technician

DATE

04/25/05

6 SIGNATURE OF LEGAL OWNER

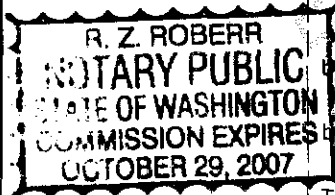
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

Washington Mutual Officer

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 KINGSigned or attested
before me on 05/23/05WASHINGTON MUTUAL BANK
PRINT NAME OF LEGAL OWNERSignature *RZ Robert*
NOTARY OR AGENT

PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY RZ ROBERTTitle NOTARY

DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR
Dealer No. OR 1069/07
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 4 of Long Card Short Plat No. P-01-0523, recorded February 17, 2004, under Auditor's File No. 200402170199, records of Skagit County, Washington, and being a portion of the Northwest 1/4 of the Northeast 1/4 of Section 36, Township 34 North, Range 4 East, W.M.

Situate in the County of Skagit, State of 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) <i>Rodriguez Angulo</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901 02</u>
SIGNATURE <i>[Signature]</i>	DATE <u>05/26/05</u>

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, please contact us.



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