RETURN ADDRESS

Land Title Company

Escrow #116251-PE

P.O. Box 445, 111 E. George Hopper Road Burlington, WA 98233

200506240124 Skagit County Auditor

6/24/2005 Page

360/356 - BLDG PERMIT #

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211:41AM

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	<u>sing</u>	API	CTURED F	ΔΤ □Τ □Β	ITLE ELIMINAT RANSFER IN L EMOVAL FROI	TION OCATION	
Anyone who knowi of a felony, and upo	ngly makes a fa on conviction n	lse statement of ay be punished	a material fact is g by a fine, imprison	uilty —			
MANUFACTUR	EDHOME	4		γ			
TPO / PLATE NUMBER	YEAR 1992	MAKE GLDNWEST	LENGTH/WIDTH(FEET) 66 X 28	VEHICLE IDENTIF	CATION NUMBER (VIN	1)	
2 LAND				L DESCRIPTIO	N ON PAGE		v .
MANUFACTURED	HOME WILL BE	AFFIXED	REMOVED	REAL PROPER P95675	TY TAX PARCEL NUM	BER :	
TP2	SID#	- CAT NAME	1		SECTION TOW	NSHIP/RANGE	
3 GRANTOR(S) F	REGISTERED/L	EGAL OWNER(S	ADD	TIONAL NAME	S ON PAGE	·/	
COUNTY NUMBER		NUMBER O	FREGISTERED OWNERS	3 1	UMBER OF LEGAL OV	VNERS	
NAME OF REGISTERED O	OWNER						
Keith A. Ma			<u> </u>				
NAME OF ADDITIONAL R Mia H. Marl		·	Market Market State Control of the State Control of				
ADDRESS 23665 01d I		Road	CITY Sedro Wool	ley	STATE WA	ZIP CODE 98284	
NAME OF LEGAL OWNER Wells Fargo	۹		The second				
NAME OF ADDITIONAL LE	EGAL OWNER		Service and the service and th				
ADDRESS 1 Home Camp	ous		CITY Des Moines	and the second s	STATE IA	ZIP CODE 50328	
GRANTEE			- Nashquaren				
NAME							
I DO SOLEMNLY A' VEHICLE AND THIS	SINFORMATIO	PENALTY OF PEN IS ACCURATE where and Title, IF	:	E AM/ARE THE	REGISTERED O	WNER(S) OF TH	IS
_				mia H M	. O.A.		
Signature of Addition			ION/CERTIFICATION			S) SIGNATURE	
	Sta	te of Weshington	California	170	ned or attested before me on		200
ALLISON STA	DLER	Keith A.	Marlett	O!-mat	amer	uncen	
COMM. # 1523 NOTARY PUBLIC-CA VENTURA COI	LLIFORNIA K	PRINT NAME OF REC	GISTERED OWNER	Signati	NOTARY OR AGE		_
My Comm. Exp NOVEMBER 24.	pires 11 by	Mia H. Ma	rlett		son Stadler, I	3	
000000000000000000000000000000000000000		Makasas			County/Office	No. OR V No. OB No.	/entura ember
4 TITLECOMPAN	Y CERTIFICAT		ON/AGENT/NOTARY		Notary Expiral	The state of the s	<u></u>
I certify that the legal	l description of th	e land and owner					
NAME (TYPED OR PRINT Anneliese N	ED) Maria Farr	ell		e Company/PHOP e Company	IE NUMBEA (360)707-2	312	a garage
SIGNATURE / POSITION			crow Closer			DATE 3/05	
Finalize this applic				ys of the date Ti		total fill	1 s. /
5 BUILDING PER	MITOFFICECE	RTIFICATION					
I certify that:	the manufac	tured home has b	een affixed to the rea	al property as de	scribed.	id upon completic	
, Juliary allace	□ a building pe	rmit has been issi	ued for this purpose	and the attachm	ank will be inspecte	ra abou combietio	0,10

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Skagit County Auditor 2050506240124

SIGNATURE OF LE								
IGNATURE OF LEGA	L OWNER INDIC	ATES CONSENT	FOR ELIMINATION	OF TITLE / REMOV	AL FROM REAL PROPERTY			
Signature of t	egal Owner and	TITIE, IF APPLICAB	LE RY! Tho	la 2. Nott				
nature of Additional t	egal Owner and	Title, IF APPLICAB	LE		_			
NOTARY SEAL OR STA	Yiu.	NOTARIZATIO	N/CERTIFICATIO	N FOR LEGAL OWNE	R(S) SIGNATURE			
ERRI	S State of	Washington County of	erce	Signed or atte before n				
8 10TA	by AIN	NdaS.	Hottle	_ Signature Not/RY	OR AGENT			
E OF War	ر ﷺ عالًا عن			Shorn	ISAAC			
1 7 NO 2 19	OS A PRIN	T NAME OF LEGAL OW	NER	PRINTED NAME OF N	- · · · · · · · · · · · · · · · · · · ·			
WA WA	HING TITLE	ERŞHIP POSITION/AĞE	ENT/NOTARY		ty/Office No. OR 3 (9/08 Dealer No. OR Expiration Date			
LAND DESCRIPTIO				om the local County				
		the second section of the second	*		tober 2, 1990, in			
ashington (Be:	ing a port:	lon of Gove	coment Lot 2	Section 1,	ds of Skagit Cty, Township 34 North ay right of way.			
ituate in the	County of	Skagit, Sta	ite of Washi	ngton				
		,			,			
			de transfer de la company	À				
				₹}				
DEALER'S REPOR	T OF SALE			/ 				
I CERTIFY THAT THE				AR OF ENCUMBRAI	NCES EXCEPT AS SHOWN.			
ALER NAME (TYPED OR P			, , ,	WA DEALER NUMBER	DATE OF SALE			
RCHASE PRICE	TAX JURISDICTIO	DN/TAX RATE DEALE	ER'S AUTHORIZED SIGN	ATURE				
USE TAX EXE	MPT Sale to a Ce	ertified Tribal memb	er on the reservation	n (ättach notarized sta	ement of delivery).			
COUNTY AUDITOR	AGENT LICENS	ING OFFICE APPI	ROVAL: (Not for u	se by Subagents)	N. Carlotte and the car			
ertify that the above app recording of this form	olication appears to	have been comple	ted correctly, and the	applicant has sufficier	nt documentation to proceed wit			
ME (TYPED OR PRINTED)	1			COUNTY OFFICE/VES OPERATOR NUMBER				
ti 1054	. Leni	20.5C1.		1 240108				
NATURE	105	Mels	3.		DATE			
TITLEFEES	1.							
ING FEE AF	PLICATION	MOBILE HOME FEE	ELIMINATION F		SUBAGENT FEES			
West,				<u>-</u>	TOTAL FEES & TAX			
IMPORTANT:	Licensing Offi Retain proof	ce, take your ap of the recording f	plication form to ees paid. If the F	e County Auditor / 1 the County Record Recording Office re copy of the record	ing Office.			
<u> </u>								
APPLIC				ehicle Licensing of g all required fees.				

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.