

RETURN ADDRESS

200508290285  
Skagit County Auditor

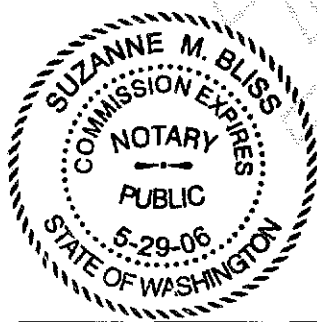
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Land Title Co.

STATE OF WASHINGTON Department of <b>Licensing</b>		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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)				<input checked="" type="checkbox"/> TITLE ELIMINATION	
				<input type="checkbox"/> TRANSFER IN LOCATION	
				<input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER +095957	YEAR 1996	MAKE PALMH	LENGTH (FEET) 60 / 28	VEHICLE IDENTIFICATION NUMBER (VIN) PH200495	
<b>2 LAND LEGAL DESCRIPTION ON PAGE</b>					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/>	AFFIXED	REMOVED	REAL PROPERTY TAX PARCEL NUMBER: 340901-0-003-0605, P106709, 340901-0-003-0700, M112942, 340901-0-003-0900, P121514
Lot	Block	Plat Name or Section/Township/Range 1, 34, 9		Quarter/Quarter Section Ptn Gov. Lot 2	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE</b>					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
NAME OF REGISTERED OWNER Richard M. Dellinger			DOL CUSTOMER ACCOUNT NUMBER DELLRM46M7		
NAME OF ADDITIONAL REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER		
ADDRESS 53543 Rockport Cascade Road		CITY Rockport	STATE WA	ZIP CODE 98283	
NAME OF LEGAL OWNER Option One Mortgage Corporation			DOL CUSTOMER ACCOUNT NUMBER		
NAME OF ADDITIONAL LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER		
ADDRESS 15395 SE 30 <sup>th</sup> Place, Ste 350		CITY Bellevue	STATE WA	ZIP CODE 98007	
<b>GRANTEE</b>					
NAME Same as Grantor above					
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>Richard M. Dellinger</i>		
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested	
		County of Skagit		before me on 7-08-05	
		by	Richard M. Dellinger	Signature <i>K. Franey</i>	
		Print Name of Registered Owner		NOTARY OR AGENT	
		by		K. Franey	
		Print Name of Registered Owner		PRINTED NAME OF NOTARY	
Title		Notary		AND: Dealer No. OR	
		DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date 11-02-06	
<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)			TITLE COMPANY/PHONE NUMBER		
SIGNATURE/POSITION			DATE		
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.					

<b>5</b>	<b>BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> A building permit has been issued for this purpose and the attachment will be inspected upon completion.						
NAME (TYPED OR PRINTED) <b>Cindy Gauthier</b>			BLDG PERMIT OFFICE/PHONE # <b>360-336-9410</b>		BLDG PERMIT # <b>96-0046</b>	
SIGNATURE/POSITION <i>Cindy Gauthier</i>			Services <b>Planning &amp; Development</b>		DATE <b>8/23/05</b>	
<b>6</b>	<b>SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY.						
Signature of Legal Owner and Title, IF APPLICABLE _____ <i>T. Harding</i> Signature of Additional Legal Owner and Title, IF APPLICABLE _____ NOTARY SEAL OR STAMP						
			<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>			
			State of Washington		Signed or attested before me on <b>7-25</b>	
			County of <b>KING</b>			
			by <b>T. HARDING, JR. MGR</b>		Signature <i>Suzanne M. Bliss</i>	
			Printed Name of Legal Owner		NOTARY OR AGENT	
			by _____		PRINTED NAME OF NOTARY	
			Printed Name of Legal Owner		County/Office No. <b>OR</b>	
			Title <b>NOTARY</b>		AND: Dealer No. <b>OR</b>	
			DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date <b>5-29-06</b>	
<b>7</b>	<b>LAND DESCRIPTION</b> (A legal description of the land can be obtained from the local County Assessor's)					
Attached "Exhibit A"						
<b>8</b>	<b>DEALER'S REPORT OF SALE</b>					
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLES 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		
\$						
<input type="checkbox"/> <b>USE TAX EXEMPT</b> Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).						
<b>9</b>	<b>COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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) <b>Rodrigo Angulo</b>			COUNTY OFFICE/VFS OPERATOR NUMBER <b>290502</b>			
SIGNATURE <i>Rodrigo Angulo</i>			DATE <b>08/29/05</b>			
<b>10</b>	<b>TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES	
						TOTAL FEES & TAX
<b>IMPORTANT:</b> 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.						
<div style="border: 1px solid black; padding: 5px;"> <b>APPLICANTS :</b> 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.       </div>						
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.						

  
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The Department of Licensing has a policy of providing equal access to its services.  
 If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.

**EXHIBIT "A"**

**LEGAL DESCRIPTION**

That portion of Government Lot 2, Section 1, Township 34 North, Range 9 East, W.M., described as follows:

Beginning at a point in the centerline of the Rockport/Darrington Road (SR 530) at the intersection of the centerline of the Rockport/Cascade Road;  
thence 1,250 feet, more or less, on the centerline of said Rockport/Cascade Road to a point set on said centerline;  
thence 40 feet, more or less, North 6° East to the North edge of the Rockport/Cascade Road right of way and the true point of beginning;  
thence North 6° East, 690 feet, more or less, to a Hub & Tack which is the Northwest corner of the Western ¼ (also known as the Northeast corner of the Southern Residual Third);  
thence South 88° East 285 feet, more or less, to a Hub & Tack which is the Northeast corner of the Western ¼ (also known as the Northwest corner of the Southeasterly ½ of the Teegarden Parcel, and the Southern boundary of the Northern ¼);  
thence South 6° West 690 feet, more or less, to the North edge of the right of way of the Rockport/Cascade Road and Southeast corner of the Western ¼ (also known as the Southwest corner of the Southeasterly ½ of the Teegarden Parcel);  
thence North 88° West, 285 feet, more or less, to the true point of beginning.

(Said Parcel is delineated as the "Exception" parcel in that certain Survey filed August 8, 2000 in Skagit County under Auditor's File No. 200008080073).

Situate in the County of Skagit, State of Washington.



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