



200509140001

Skagit County Auditor

RETURN ADDRESS

9/14/2005 Page

1 of

4 8:31AM

Peoples Bank

418 Grover Street

Lynden, WA 98264

CHICAGO TITLE CO. 51319463

STATE OF WASHINGTON Department of Licensing		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 checked="" type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
885821	1989	Skyline	66 X 28	32910351YAB	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 350715-1-004-0108					
LOT	BLOCK	PLAT NAME	SECTION / TOWNSHIP / RANGE		
1		Skagit County SP PL01-0296	15-3		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
Skagit	1		1		
NAME OF REGISTERED OWNER PEOPLES BANK					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
418 GROVER STREET		LYNDEN	WA	98264	
NAME OF LEGAL OWNER PEOPLES BANK					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
418 GROVER STREET		LYNDEN	WA	98264	
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 Notary Public					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		Signed or attested before me on		8-31-2005	
County of Whatcom		Signature		[Signature]	
Russell Lee, Chief Financial Officer of Peoples Bank		NOTARY OF AGENT		MARYANN ZENDER	
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY		COUNTY/OFFICE NO. OR DEALER NO. OR NOTARY EXPIRATION DATE	
by		Title Notary Public		AND: 3-9-2007	
DEALERSHIP POSITION/AGENT/NOTARY					
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)		TITLE COMPANY / PHONE NUMBER			
MARTIN E LEHR					
SIGNATURE / POSITION		DATE			
Martin Lehr / MANAGER		9-10-05			
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:					
<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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
Georgine Bosson		Skagit County Planning 336-440		BP02-0330	
SIGNATURE / POSITION		DATE			
Georgine Bosson / Permit Technician		9/1/05			

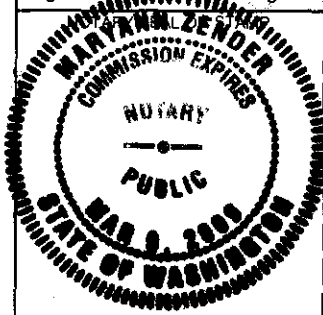
6 SIGNATURE OF LEGAL OWNER

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

Signature of Legal Owner and Title, IF APPLICABLE _____

Russell Lee, CFO, Peoples Bank

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**

State of Washington

County of WhatcomSigned or attested
before me on8-31-2005by Russell Lee, CFOfor Peoples Bank
PRINT NAME OF LEGAL OWNER

Signature

NOTARY OR AGENT

by _____

PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title Notary Public

AND:

County/Office No. OR

Dealer No. OR

Notary Expiration Date 3-9-2009

DEALERSHIP POSITION/AGENT/NOTARY

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

Lot 1, SP#PL01-0296, being a portion of the SW Quarter of the NE Quarter of SECTION 15, Township 35 North, Range 7 East of the W.M., as more fully described in attached TD-420-732.

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)

COUNTY OFFICE/VFS OPERATOR NUMBER

SIGNATURE

DATE

10 TITLE FEES

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

SUBAGENT FEES

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



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MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application: ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

Land: Property Tax Parcel Number 32910351YAB

Legal Description:

EXHIBIT "A"

PARCEL A:

Lot 1 of Skagit County Short Plat No. PL01-0296, approved August 13, 2001 and recorded August 14, 2001, under Auditor's File No. 200108140104, being a portion of the Southwest Quarter of the Northeast Quarter of Section 15, Township 35 North, Range 7 East of the Willamette Meridian.

PARCEL B:

An easement for ingress, egress and utilities as shown on the face of Skagit County Short Plat No. 93-071, approved October 21, 1994, and recorded November 3, 1994, in Volume 11 of Short Plats, page 135, under Auditor's File No. 9411030038, being a portion of the Southwest Quarter of the Northeast Quarter of Section 15, Township 35 North, Range 7 East of the Willamette Meridian.

PARCEL C:

An easement for road utilities, and right-of-way 60.00 feet wide by 185.00 feet long, more or less, in Government Lot 1, Section 15, Township 35 North, Range 7 East of the Willamette Meridian, being the West 60.00 feet of said Lot 1 lying between the Northerly right-of-way line of the Cape Horn County Road as conveyed to Skagit County by deed recorded May 12, 1967, under Auditor's File No. 698925, records of Skagit County, Washington, and the North line of said Government Lot 1;

And also, a tract of land 60.00 feet wide by 60.00 feet long in the Southwest corner of the Southeast Quarter of the Northeast Quarter of Section 15, Township 35 North, Range 7 East of the Willamette Meridian, more particularly described as follows:

Beginning at the Southwest corner of the Southeast Quarter of the Northeast Quarter of said Section 15;
thence North 88°45' East 60.00 feet;
thence North 01°35' West 60.00 feet;
thence South 88°45' West 60.00 feet;
thence South 01°35' East 60.00 feet to the point of beginning.

All situated in Skagit County, Washington.

- END OF EXHIBIT "A" -



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OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK TYPE OF APPLICATION: ☐ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location.

PROPERTY TAX PARCEL NUMBER:

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)	
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE:	
SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
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) I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:	
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of _____ Signed or attested before me on _____ by _____ Signature _____ Printed Name of Applicant Title _____ Dealer No. OR AND: County/Office No. OR DEALERSHIP Position/Agent/NOTARY Notary Expiration Date _____

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.



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