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RETURN ADDRESS	11/9/2005 Page	- J - O1	£ 11.4/A
Wells Fargo Escrow	<u> </u>		
1509A Riverside Drive			
Mount Vernon, WA 98273	·		
Escrow # 04-01487-05			
	LAND TITLE OF SKAGIT COU	√TY	

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LICENSING Anyone who knowingly makes a false statement	JFACTURED HO APPLICATION ent of a material fact is guil	TRANSFER IN LOCATION REMOVAL FROM REAL PROP	
of a felony, and upon conviction may be puni	shed by a fine, Imprisonme	ent, or both. (RCW 46.12.210)	
PO / PLATE NUMBER YEAR MAKE	LENGTHAMPTH/EEET LV	EHICLE IDENTIFICATION NUMBER (VIN)	
PO/PLATE NUMBER YEAR MAKE NEW O4 FUTW		NAFL33118220BA13	
2 LAND		DESCRIPTION ON PAGE	
	G D D D D D D D D D D D D D D D D D D D	REAL PROPERTY TAX PARCEL NUMBER	
	XED REMOVED	360226-3-030-0100 3 SECTION/TOWNSHIP/RANGE	
or 2 BLOCK PLAT NA	ME S/ρ PLOS - 01 full legal	26 36 2	
GRANTOR(S) REGISTERED/LEGAL OWN		ONAL NAMES ON PAGE	
COUNTY NUMBER NUMBER	BER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS	
WIS OF RESIDENCE OF RESIDENCE	2	1	
NAME OF REGISTERED OWNER			
Skipper C. Halgren			
Barbara A. Halgren		_	
ADDRESS	CITY	STATE ZIP CODE	
4919 G. Loop Road	Bow	WA 98232	
NAME OF LEGAL OWNER			
Wells Fargo Bank, N.A.	<u> </u>		
NAME OF ADDITIONAL LEGAL OWNER	and the state of t		
n/a		STATE TIP CODE	
DDAESS	CITY	STATE ZIP CODE	
1509A Riverside Dríve	Mount Ve	rnon WA 98273	
GRANTEE		///	
NAME			
VEHICLE AND THIS INFORMATION IS ACCUR	NATE: tte, IF APPLICABLE XIPA By Barbara A. H	aloren, scower of Allornev	
NOTABLE SEAL OR STAMP. NOTABLE	DIZATION/CEPTIEICATION	FOR REGISTERED OWNER(S) SIGNATURE	
		Signed or attested	
State of Washin Cour	nty of <u>Skagit</u>	before me on	
County Skipper PRINT NAME Barba by Barbara		Viintihoon	_
by Skipper	C. Halgren, By	POA Signature	Ų.
PRINT NAME (Barba	of REGISTERED OWNER Tra A. Halgren	NOTARY OR AGENT	
by Barbara	A. Halgren DF REGISTERED OWNER	Kelli A. Mayo	
		County/Office No. OR	
Title Notar	POSITION/AGENT/NOTARY	AND: Dealer No. OR 6-19 Notary Expiration Date	-0:
TITLE COMPANY CERTIFICATION			<u> </u>
certify that the legal description of the land and	ownership is true and correct	per the real property records.	
NAME (TYPED OR PRINTED)		OMPANY / PHONE NUMBER	1
SIGNATURE / POSITION		DATE	est de la company
Finalize this application with a Licensing Age	nt within 10 calendar days	of the date Title Company Representative signs	s
BUILDING PERMIT OFFICE CERTIFICATION			1
XX the manufactured home	has been affixed to the real p	roperty as described.	71
I certify that:	en issued for this purpose and	d the attachment will be inspected upon completion	ń, je
NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE/PHONE		
Elaine Pitmar	skagit co. Man	DATE	
	mit Technici	an 11-08-05	5

Signature of Additional Logal Owner and Title, IF APPLICABLE Tammy L. Jammerman Aranch Manager Signature of Additional Logal Owner and Title, IF APPLICABLE NOTARIZATIONCERTIFICATION FOR LEGAL OWNER(S) SIGNATURE Signature of Additional Logal Owner and Title, IF APPLICABLE NOTARIZATIONCERTIFICATION FOR LEGAL OWNER(S) SIGNATURE Signature of Additional Logal Owner and Title, IF APPLICABLE NOTARIZATIONCERTIFICATION FOR LEGAL OWNER(S) SIGNATURE Signature of Additional Logal Owner and Title, IF APPLICABLE NOTARIZATIONCERTIFICATION FOR LEGAL OWNER(S) Signature of Logal Owner and Loga			
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Signature of Additional Legial Owner and Title, IF APPLICABLE NOTAIN SERVING STAMP NOTAIN SERVING STAMP NOTAIN SERVING STAMP State of Washington Skagit Signed or attested before me on 11-7-05 Signed or attested before me on 11-7-05 Signature PRINT ON AGENT FRINT NAME OF LEGAL OWNER PRINT NAME OF LEGAL OWNER Title Notary Public GALERSHIP POBITION/AGENT/NOTARY IT NO PUBLIC PRINT NAME OF LEGAL OWNER PRINT NAME OF LEGAL OWNER PRINT NAME OF LEGAL OWNER Title Notary Public GALERSHIP POBITION/AGENT/NOTARY IT NO PUBLIC PRINT NAME OF LEGAL OWNER PRINT DAME OF NOTARY IT NO PUBLIC PRINT NAME OF LEGAL OWNER THE NOTARY PUBLIC GALERSHIP POBITION/AGENT/NOTARY IT NO PUBLIC PRINT NAME OF LEGAL OWNER THE NOTARY PUBLIC GALERSHIP POBITION/AGENT/NOTARY IT NO PUBLIC PRINT NAME OF LEGAL OWNER THE NOTARY PUBLIC PRINT	Signature of L	Legal Owner and Title, IF APPLICABLE	Ammerman Branch Manager
State of Washington County of Skagit Signed or attested before me on 11-7-05 by Tammy L. Zimmerman PRINT NAME OF LEGAL OWNER The Notary Public Dealer No. DR. On 6-19-05 PRINTID NAME OF LEGAL OWNER The Notary Public Dealer No. DR. On 6-19-05 PRINTID NAME OF LEGAL OWNER The Notary Public Dealer No. DR. On 6-19-05 PRINTID NAME OF LEGAL OWNER The Notary Public Dealer No. DR. On 6-19-05 PRINTID NAME OF LEGAL OWNER The Notary Public Dealer No. DR. On 6-19-05 PRINTID NAME OF LEGAL OWNER The Notary Public Dealer No. DR. On 10-19-05 PRINTID NAME OF LEGAL OWNER The Notary Public Dealer No. DR. On 10-19-05 PRINTID NAME OF LEGAL OWNER The Notary Public Dealer No. DR. On 10-19-05 PRINTID NAME OF LEGAL OWNER The Notary Public Dealer No. Pub	Signature of Additional l		Time Time Time Time Time Time Time Time
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by Tammy L. Zimmerman Signature Signat	A MA	State of Washington Skagit	
Notary Public Delegation	TAO TAO		V. 1 0 10 m
Notary Public Notary Publi		by Tammy L. Zimmerman PRINT NAME OF LEGAL OWNER	Signature
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Lot 2, Short Plat No. PL05-0132, approved September 29, 2005 and Sept. 22, 2005, recorded Sept. 30, 2005, under Auditor's File No. 200509300028, records of Skagit County, Washington; being a portion of Government Lot 4, Section 26, Township 36 North, Range 2 East, W.M. 3 DEALER'S REPORT OF SALE 1 ICERTIFY 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) Coach Corral TAX JURISDICTION/TAX RATE TO SELECT AND TO SUBJUSTICATION TO THE PLANT OF SALE 1 O COO TO TAX DIVINION TO THE PLANT OF SALE 1 O COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents) Country AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents) Country OFFICENCY OPERATOR NUMBER SIGNATURE TO TITLE FEES FILING FEE MPPLICATION MOBILE HOME FEE ELIMINATION FEE LICENSING Office, take your application form to 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.	OF WASH		AND: Deafer No. OR 5-19-09
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ADDI ICANTS. Once recorded that point roturn to a Validad Linearian efficient of the		your original application form, obtain a certified	1 copy of the recorded form.
APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the	APPLIC		
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	F* = \$. 11 : 4		

The Department of Licensing has a prifyou need special accommodation, j

or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.

