



200511170101
Skagit County Auditor

11/17/2005 Page 1 of 3 12:07PM

RETURN ADDRESS

Wells Fargo Escrow
901 NE Midway Blvd.
Oak Harbor, Wa 98277

05-0052-05

CHICAGO TITLE IC34414

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)

- TITLE ELIMINATION
- TRANSFER IN LOCATION
- REMOVAL FROM REAL PROPERTY

1 MANUFACTURED HOME

| | | | | |
|--------------------|------|------|--------------------|-------------------------------------|
| TPO / PLATE NUMBER | YEAR | MAKE | LENGTH/WIDTH(FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) |
| | 2005 | | 64X 40 | H8 30230R |

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 3969-000-035-0002 (P28748)

| | | | |
|-----|-------|---------------------------------------|------------------------|
| LOT | BLOCK | PLAT NAME | SECTION/TOWNSHIP/RANGE |
| 35 | | Div. 2 Pressentin Creek Wilderness | |

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

| | | |
|---------------|-----------------------------|------------------------|
| COUNTY NUMBER | NUMBER OF REGISTERED OWNERS | NUMBER OF LEGAL OWNERS |
| | 2 | 1 |

NAME OF REGISTERED OWNER
Myron L Forsberg

NAME OF ADDITIONAL REGISTERED OWNER
Donna L Forsberg

ADDRESS CITY STATE ZIP CODE
9168 West Pressentin Drive Concrete WA 98237

NAME OF LEGAL OWNER
Wells Fargo Bank, NA

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE
901 NE Midway Blvd OAK HARBOR WA 98277

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
Myron L. Forsberg by Donna L. Forsberg attorney in fact

Signature of Additional Registered Owner and Title, IF APPLICABLE
Donna L. Forsberg

| | | |
|--|--|--|
| NOTARY SEAL OR STAMP <i>Notary Attached</i> | NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | |
| | State of Washington County of _____ | Signed or attested before me on _____ |
| | by _____ PRINT NAME OF REGISTERED OWNER | Signature NOTARY OR AGENT |
| | by _____ PRINT NAME OF REGISTERED OWNER | PRINTED NAME OF NOTARY County/Office No. OR AND: Dealer No. OR 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) 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.

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) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT #
TISH CAMPBELL, SKAGIT COUNTY PERMITS 360/336-4410 DP04-0809

SIGNATURE / POSITION DATE
Tish Campbell Permit Technician 05/25/05

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 Sharon Garrard for Wells Fargo Home Mortgage Branch manager

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 4-27-05

PRINT NAME OF LEGAL OWNER Wells Fargo Bank, NA Signature [Signature] NOTARY OR AGENT

PRINT NAME OF LEGAL OWNER _____ PRINTED NAME OF NOTARY SHARON GARRARD

Title _____ AND: County/Office No. OR Dealer No. OR Notary Expiration Date 2-10-06

DEALERSHIP POSITION/AGENT/NOTARY _____

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

LOT 35, "PRESENTIN CREEK WILDERNESS DIV. NO. 2," AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGES 38 AND 39, RECORDS OF SKAGIT COUNTY, WASHINGTON.

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) <u>OLYMPIC HOMES NORTHWEST</u> | WA DEALER NUMBER <u>4779</u> | DATE OF SALE <u>11-1-04</u> |
| PURCHASE PRICE <u>95,000</u> | TAX JURISDICTION/TAX RATE <u>7.9</u> | DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</u> |
| <input type="checkbox"/> 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) <u>Rodrigo Angulo</u> | COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-02</u> |
| SIGNATURE <u>[Signature]</u> | DATE <u>11/17/05</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 call (360) 902-3600 or TDD (360) 664-8885.



ACKNOWLEDGEMENT

ATTACHED TO AND MADE A PART OF: Manufactured Home Application

STATE OF Washington }
County of Skagit } SS:

On this 4th day of April, 2005 before me personally appeared _____
Donna L Forsberg, to me known to be the individual described in and
who executed the foregoing instrument for his / her self and as Attorney in Fact for
Myron L Forsberg and acknowledged that he / she signed and
sealed the same as their free and voluntary act and deed for his / her self and also as their
free and voluntary act and deed as Attorney in Fact for said principal for the uses and purposes therein
mentioned, and on oath stated that the Power of Attorney authorizing the execution of this instrument has
not been revoked and that the said principal is now living, and is not incompetent.

Given under my hand and official seal the day and year last above written.
(Seal)

Sharon Garrard
Sharon Garrard
Notary Public in and for the State of Washington
Residing at Oak Harbor
My appointment expires: 2/10/2006



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Skagit County Auditor