

RETURN ADDRESS

Washington Federal Savings

PO Box 527

Burlington, WA 98233



200512050047

Skagit County Auditor

12/5/2005 Page

1 of

2 10:40AM

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION	
				<input type="checkbox"/> TRANSFER IN LOCATION	
				<input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
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)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2005	Marlette	40 X 32	HER0237360RABC	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 330507-0-013-0004	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
		Ptn NE SE NE 7-33-5			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
P17983	2		1		
NAME OF REGISTERED OWNER Keith A Strodtmann					
NAME OF ADDITIONAL REGISTERED OWNER Sheila M Shoemaker					
ADDRESS		CITY	STATE	ZIP CODE	
24941 Lake Cavanaugh Rd		Mount Vernon	WA	98274	
NAME OF LEGAL OWNER Washington Federal Savings					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
425 Pike Street		Seattle	WA	98101	
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 <i>Keith A Strodtmann</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Sheila M Shoemaker</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on 4/07/05	
		by Keith A Strodtmann PRINT NAME OF REGISTERED OWNER		Signature <i>Doreen K Nystrom</i> NOTARY OR AGENT	
		by Sheila M Shoemaker PRINT NAME OF REGISTERED OWNER		Doreen K Nystrom PRINTED NAME OF NOTARY	
		Title Notary DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR3/10/06 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: <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 #	
Elaine Pitman Skagit Co. Planning		360 336-9410		BP04- 1358	
SIGNATURE / POSITION				DATE	
Elaine Pitman, Permit Technician				12-2-05	

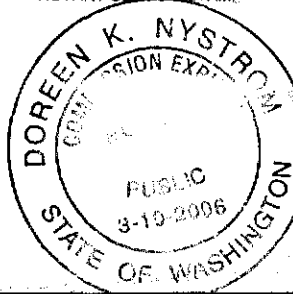
6 SIGNATURE OF LEGAL OWNER

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

Signature of Legal Owner and Title, IF APPLICABLE 

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

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

State of Washington

County of SkagitSigned or attested
before me on 4/07/05by Greg Peck, Vice-President

PRINT NAME OF LEGAL OWNER

Signature Doreen K. Nystrom

NOTARY OR AGENT

by Washington Federal Svcs

PRINT NAME OF LEGAL OWNER

Doreen K Nystrom

PRINTED NAME OF NOTARY

Title _____

DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR _____
Dealer No. OR 3/10/06
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

That portion of the North Half of the Southeast Quarter of the Northeast Quarter of Section 7, Township 33 North, Range 5 East of the Willamette Meridian, lying Easterly of the County Road, and then Northern Pacific Railway right-of-way, whichever, is further East: Except the South 60 feet thereof; Together with a non-exclusive easement for roadway purposes over and across the 60 foot strip excepted in the main tract above described. Situated in Skagit County, 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)

Heritage Home Center

WA DEALER NUMBER

4423

DATE OF SALE

4-11-05

PURCHASE PRICE

86,555

TAX JURISDICTION/TAX RATE

3105 8.6

DEALER'S AUTHORIZED SIGNATURE

[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)

Rodrigo Angulo

COUNTY OFFICE/VFS OPERATOR NUMBER

2901-02

SIGNATURE

[Signature]

DATE

12/05/2005**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,



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