

RETURN ADDRESS

Inocencio & Kathryn K. Espinoza
4610 Yorkshire Drive

Anacortes, WA 98221



200512090120
Skagit County Auditor

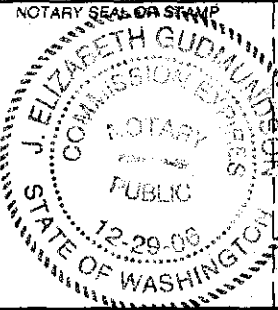
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STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER 880876	YEAR 1986	MAKE Oakhaven	LENGTH/WIDTH(FEET) 66 X 14	VEHICLE IDENTIFICATION NUMBER (VIN) 41910677V	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			LEGAL DESCRIPTION ON PAGE _____		
			REAL PROPERTY TAX PARCEL NUMBER 3822-000-060-0007/P59454		
LOT 60	BLOCK	PLAT NAME SKYLINE NO. 6		SECTION/TOWNSHIP/RANGE	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 2	
NAME OF REGISTERED OWNER Inocencio Espinoza					
NAME OF ADDITIONAL REGISTERED OWNER Kathryn K. Espinoza					
ADDRESS CITY STATE ZIP CODE 4610 Yorkshire Drive, Anacortes, WA 98221					
NAME OF LEGAL OWNER Wells Fargo Bank, N.A.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE 11109 Slater Ave NE, Kirkland, WA 98033					
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 Inocencio Espinoza					
Signature of Additional Registered Owner and Title, IF APPLICABLE Kathryn K. Espinoza					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Skagit		Signed or attested before me on 10/21/05			
by INOCENCIO ESPINOZA PRINT NAME OF REGISTERED OWNER		Signature Tamara A Satko NOTARY OR AGENT			
by KATHRYN K. ESPINOZA PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY TAMARA A SATKO			
Title NOTARY DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date 11/7/07			
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) Tamara A. Satko		TITLE COMPANY / PHONE NUMBER First American Title Company of Skagit 360-293-5423			
SIGNATURE / POSITION Tamara A Satko, Escrow Clerk / LPO		DATE 10/21/05			
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) EDWIN FRANK		BLDG PERMIT OFFICE/PHONE # 360-293-1901		BLDG PERMIT # 5010	
SIGNATURE / POSITION Edwin Frank		DATE 27 OCT 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 WELLS FARGO BANK NASignature of Additional Legal Owner and Title, IF APPLICABLE Diane B. Heaton

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>King</u>	Signed or attested before me on <u>10/8/05</u>
	<u>Wells Fargo Bank, NA</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by <u>Diane B. Heaton</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>J. Elizabeth Gudmundson</u>
	Title <u>NOTARY</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>12/29/06</u> Notary Expiration Date

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

Lot 60, "SKYLINE NO. 6", according to the plat thereof, recorded in Volume 9 of Plats, pages 64-67A, records of 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)		WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE	
<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>Sharrie McCrea</u>	COUNTY OFFICE/VEHICLE OPERATOR NUMBER <u>2901-21</u>
SIGNATURE <u>[Signature]</u>	DATE <u>12/9/05</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
If you need special accommodation



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