



200601130037  
Skagit County Auditor

1/13/2006 Page 1 of 3 9:56AM

First American

Document Title:

Title Elimination

Reference Number:

Grantor(s):

additional grantor names on page \_\_\_

1. GAYLE E. FORD

2. HARRY RONALD MURPHY

Grantee(s):

additional grantee names on page \_\_\_

1. WASHINGTON MUTUAL BANK

2. Wash State of

Abbreviated legal description:

full legal on page(s) \_\_\_

TR 3 OF SP NO 92-017 S17 T35N R7E

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_

P101619  
P115992

I, \_\_\_\_\_, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$32.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed Chris Hagan Dated 1/13/06

RETURN ADDRESS

Washington Mutual  
3060 139th Ave SE Ste 200  
Bellevue, WA 98005

# 85189

STATE OF WASHINGTON  
Department of  
**Licensing**

**MANUFACTURED HOME APPLICATION**

**PLEASE CHECK ONE**  
 TITLE ELIMINATION  
 TRANSFER IN LOCATION  
 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 804473	YEAR 1993	MAKE GOLDENWEST	LENGTH (FEET) 57 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) WH12636
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**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER  
350717-0-005-0200 P101619

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER  
Gayle E. Ford

NAME OF ADDITIONAL REGISTERED OWNER  
Harry Ronald Murphy

ADDRESS CITY STATE ZIP CODE  
37655 CAPE HORN ROAD Sedro Woolley WA 98284

NAME OF LEGAL OWNER  
Washington Mutual Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE  
3060 139th Ave SE Ste 200 Bellevue WA 98005

**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 Gayle E. Ford

Signature of Additional Registered Owner and Title, IF APPLICABLE Harry Ronald Murphy

NOTARY SEAL OR STAMP

**NOTARIZATION/CERTIFICATION**

State of Washington Signed or attested  
County of Skagit before me on 8/29/05

by Gayle E. Ford Signature Kim M. Kerr  
Printed Name of Registered Owner NOTARY OR AGENT

by Harry Ronald Murphy Kim M. Kerr  
Printed Name of Registered Owner PRINTED NAME OF NOTARY

County/Office No. OR  
AND: Dealer No. OR  
Notary Expiration Date 12/15/05

Title Clover  
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

SIGNATURE/POSITION DATE

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

**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 PLANNING - 360/536-9400 253101 - OR - 27237

SIGNATURE/POSITION DATE  
Tish Campbell 9/20/05



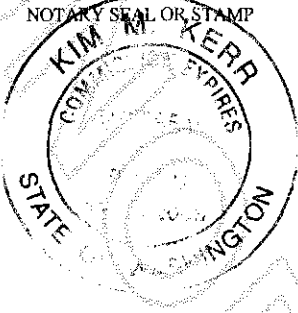
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**6 SIGNATURE OF LEGAL OWNER**

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

*Handwritten signature: Keith J. Livingston Manager WAMU*



**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**  
 State of Washington Signed or attested before me on 10/17/05  
 County of Skagit  
 by Washington Mutual Signature Kim M. Kerr  
 Printed Name of Legal Owner NOTARY OR AGENT  
 by \_\_\_\_\_ Kim M. Kerr  
 Printed Name of Legal Owner PRINTED NAME OF NOTARY  
 County/Office No. OR  
 AND: Dealer No. OR  
 Notary Expiration Date 12/15/05  
 Title CLERK  
 DEALERSHIP POSITION/AGENT/NOTARY

**7 LAND DESCRIPTION**

Tr 3 of SP No. 92-017, located in S17, T35N, R7E, W.M., app Aug 3, 1992 and rec Aug. 4, 1992 in Vol. 10 of SP, pg 109, under AFN 9208040038, records of Skagit County, Washington..

**8 DEALER'S REPORT OF SALE**

I CERTIFY THAT THIS INFORMATION IS CORRECT, THE VEHICLES 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	
\$176,000.00			

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/VEH OPERATOR NUMBER
<u>AUSTY LOWERY</u>	<u>290108</u>
SIGNATURE	DATE
<i>Austy Lowery</i>	<u>1/13/06</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.



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The Department of Licensing h  
 If you need special accommodation, j