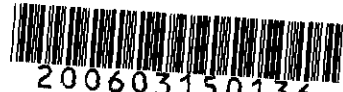


RETURN ADDRESS

Frank Knight
46290 Baker Loop Rd.
Concrete, Wa. 98237

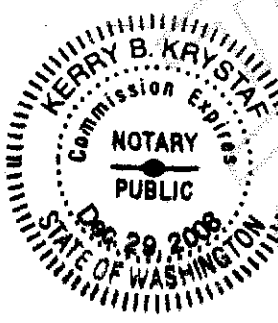


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Skagit County Auditor

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STATE OF WASHINGTON Department of		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
Licensing				<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 (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1979	Waldn	48 x 24	11809228	
2 LAND					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED	<input type="checkbox"/> REMOVED	REAL PROPERTY TAX PARCEL NUMBER: 3877-000-098-0007, P641064, 3877-000-096-0100, P123276	
Lot 98	Block	Plat Name or Section/Township/Range Cedargrove on the Skagit		Quarter/Quarter Section	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2		1		
NAME OF REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
Frank Knight		KNIGHFM422OE			
NAME OF ADDITIONAL REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
Sharon K. Knight		KNIGHSG314BF			
ADDRESS		CITY	STATE	ZIP CODE	
46290 Baker Loop Road		Concrete	WA	98237	
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
American General Home Equity, Inc.					
NAME OF ADDITIONAL LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ADDRESS		CITY	STATE	ZIP CODE	
1175 N.W. Gilman Blvd., Ste B-6		Issaquah	WA	98027	
GRANTEE					
NAME					
Same as Grantor					
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>Frank Knight</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Sharon Knight</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on <i>3/28/06</i>	
		County of <u>Skagit</u>		Signature _____	
		by _____		NOTARY OR AGENT	
		Frank Knight		K. Franey	
		by _____		County/Office No. OR	
		Sharon K. Knight		Dealer No. OR	
		Title _____		AND: Notary Expiration Date <u>11-02-06</u>	
		Notary _____			
		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.					

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 # 360 536 9410		BLDG PERMIT #	
LORI ANDERSON		SKAGIT COUNTY PLANNING		BP04-1567	
SIGNATURE/POSITION				DATE	
<i>Lori Anderson</i>				3-8-06	
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 <u>Washington</u> Signed or attested before me on <u>2/28/06</u> County of <u>Skagit</u> by <u>Nick Erramouspe</u> Signature <u>Kerry B Krystaf</u> Printed Name of Legal Owner NOTARY OR AGENT by _____ Printed Name of Legal Owner Title <u>Notary</u> County/Office No. OR AND: Dealer No. OR Notary Expiration Date <u>12/29/08</u> DEALERSHIP POSITION/AGENT/NOTARY		
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's)					
Lot 98, , Cedargrove on the Skagit, County of Skagit, State of WA. as per plat recorded in Vol. 9 of Plats, page 48 thru 51, inclusive					
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		
\$					
<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)			COUNTY OFFICE/VFS OPERATOR NUMBER		
<i>Husky Lower</i>			290108		
SIGNATURE			DATE		
<i>Husky Lower</i>			3/15/06		
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.					
<div style="border: 1px solid black; padding: 5px;"> 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. </div>					
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, please



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Skagit County Auditor