

RETURN ADDRESS

FRONTIER BANK

P. O. BOX 2210

EVERETT, WA 98213



200604270129

Skagit County Auditor

4/27/2006 Page 1 of 4 2:43PM

		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					
TITLE PLATE NUMBER ORE 463830 ORE 463831	YEAR 2005	MAKE PALM HARBOR	LENGTH/WIDTH(FEET) 40 X 48	VEHICLE IDENTIFICATION NUMBER (VIN) PH207223A, PH207223B, PH207223C	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 350709-3-006-0001	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE 16/35/7	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1	
NAME OF REGISTERED OWNER DAVID J. TEMPLE					
NAME OF ADDITIONAL REGISTERED OWNER DEBRA S. TEMPLE					
ADDRESS 8030 WYATT LANE		CITY CONCRETE		STATE WA	ZIP CODE 98237
NAME OF LEGAL OWNER FRONTIER BANK					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 332 SW EVERETT MALL WAY		CITY EVERETT		STATE WA	ZIP CODE 98204
GRANTEE NAME DAVID J. TEMPLE & DEBRA S. TEMPLE					
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 DAVID J. TEMPLE					
Signature of Additional Registered Owner and Title, IF APPLICABLE DEBRA S. TEMPLE					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of Snohomish Signed or attested before me on 10/13/05 by David J Temple PRINT NAME OF REGISTERED OWNER by Debra S. Temple PRINT NAME OF REGISTERED OWNER Title Notary DEALERSHIP POSITION/AGENT/NOTARY Signature Pamela S Langness PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR 10/11/08 AND: 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) Elaine Pitman		BLDG PERMIT OFFICE/PHONE # 336-9410		BLDG PERMIT # BP04-1048	
SIGNATURE / POSITION Elaine Pitman, Permit Technician		DATE 4-27-06			

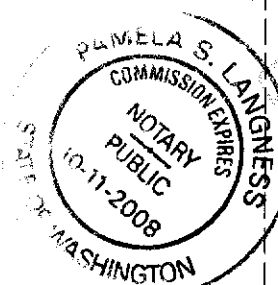
6 SIGNATURE OF LEGAL OWNER

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

Signature of Legal Owner and Title, IF APPLICABLE FRONTIER BANKBY: DAVID DORSEY, SR. VP

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 SpokaneSigned or attested
before me on 10/13/05PRINT NAME OF LEGAL OWNER David Dorsey, Sr VPSignature Pamela S. Langness

NOTARY OR AGENT

PRINT NAME OF LEGAL OWNER _____

PRINTED NAME OF NOTARY Pamela S. Langness

Title _____

AND:

County/Office No. ORDealer No. OR

Notary Expiration Date _____

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

SEE ATTACHED

8 DEALER'S REPORT OF SALEI 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)

PALM HARBOR HOMES

WA DEALER NUMBER

4511

DATE OF SALE

10-11-04

PURCHASE PRICE

104,360

TAX JURISDICTION/TAX RATE

7.7%

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)

Rodriguez Angulo

COUNTY OFFICER'S OPERATOR NUMBER

2901-01

SIGNATURE

[Signature]

DATE

04/27/06**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.

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
If you need special accommodations200604270129
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MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application:

- ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

Land: Property Tax Parcel Number 350709-3-006-0001

Legal Description:

The West $\frac{1}{2}$ of the Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 9, Township 35 North, Range 7 East, W.M.,

EXCEPT the South 30 feet of the East 277 feet thereof,

TOGETHER WITH an easement for road purposes described as follows:

That portion of the Northeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 16, Township 35 North, Range 7 East, W.M., described as follows:

Lying 30 feet on either side of the following described center line:

Beginning on the North line of Section 16, Township 35 North, Range 7 East, W.M., 350 feet East of the following described center line of the Northwest corner of the Northeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of said Section;

thence Southwesterly in a straight line 274 feet, more or less, to a point on the North line of the Great Northern Right of way 274 feet East of and measured along the Northerly line of Railroad right of way from the West line of the Northeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of said Section.

Situate in the County of Skagit, State of Washington.



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OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK TYPE OF APPLICATION:

☐ Title Elimination

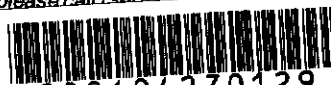
☐ Removal From Real Property

☐ Transfer In Location

PROPERTY TAX PARCEL NUMBER:

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)	
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
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SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE:	
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SIGNATURE OF REGISTERED OWNER	DATE
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NOTARY SEAL OR STAMP 	NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of _____ Signed or attested before me on _____ by _____ <div style="text-align: center;">Printed Name of Applicant</div> Signature _____ Title _____ <div style="text-align: center;">DEALERSHIP Position/Agent/NOTARY</div> <div style="text-align: right;"> Dealer No. OR AND: County/Office No. OR Notary Expiration Date _____ </div>

*The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 890-3333.*



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