



200608230098
Skagit County Auditor

8/23/2006 Page 1 of 3 12:08PM

RETURN ADDRESS

Land Title Company
P.O. Box 445
Burlington, WA 98233
Escrow #122234-SE/AF

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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2001	Silverwood	40 X 40	17711830ABC

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 4128-030-002-0100

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
1+2	30	Map of Syndicate Add to LaConner	

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) 2 ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	2

NAME OF REGISTERED OWNER: EARL ENGEL

NAME OF ADDITIONAL REGISTERED OWNER: EVELYN ENGEL

ADDRESS: 713 E. Caledonia Street
CITY: La Conner
STATE: WA
ZIP CODE: 98257

NAME OF LEGAL OWNER: Same as Registered

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

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: *Earl R. Engel*

Signature of Additional Registered Owner and Title, IF APPLICABLE: *Evelyn B. Engel*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 8/16/06

by Earl Engel Signature *Michelle L Romero*
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Evelyn Engel *Michelle L Romero*
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR 05/13/09
DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR 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): Anneliese Maria Farrell TITLE COMPANY / PHONE NUMBER: Land Title Company (360)707-2312

SIGNATURE / POSITION: *Anneliese Farrell* LPO/Escrow Officer DATE: 8/10/06

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: 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): Georgine Rosson BLDG PERMIT OFFICE/PHONE #: Skagit County Planning 336-9110 BLDG PERMIT #: #BP01-0603

SIGNATURE / POSITION: *Georgine Rosson* Permit Technician DATE: 8/23/06

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 Washington County of _____	Signed or attested before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Title _____ AND: Notary Expiration Date _____ DEALERSHIP POSITION/AGENT/NOTARY

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

SEE EXHIBIT "A" ATTACHED HERETO

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

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) <i>Janis Moore</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <i>2901-24</i>
SIGNATURE <i>J Moore</i>	DATE <i>8-23-06</i>

10 TITLE FEES

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE 49.00	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX 49.00

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, please call (360) 902-3600 or TDD (360) 664-8885.



Escrow No.: 122234-SE

EXHIBIT "A"

LEGAL DESCRIPTION

Lot 1 of LaConner Short Plat No. 96-1070, approved August, 1996, recorded September 11, 1996, in Book 12 of Short Plats, page 143, under Auditor's File No. 9609110056, records of Skagit County, Washington, and being a portion of Lots 1 and 2, Block 30, "MAP OF SYNDICATE ADDITION TO THE TOWN OF LA CONNER, SKAGIT CO., WASH.", as per plat recorded in Volume 2 of Plats, page 109, records of Skagit County, Washington.

Situate in the Town of LaConner, County of Skagit, State of Washington



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