

RETURN ADDRESS

CHICAGO TITLE COMPANY
P O BOX 670
BURLINGTON WA 98233

9/26/2006 Page 1 of 211:34AM

| | | CHICAGO TITLE IC39737 | |
|---|--|--|---------------------------------------|
| STATE OF WASHINGTON Department of LICENSING Anyone who knowingly makes a fa | MANUFACTURED HO APPLICATION alse statement of a material fact is guiday be punished by a fine, imprisonm | ☐TRANSFER IN LOCATION ☐REMOVAL FROM REAL PROP | |
| | iay be pullished by a line, imprisoning | Terri, or both. (ITOV 40.12.2.10) | |
| 1 MANUFACTUREDHOME | MAKE LENGTH/WIDTH(FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| TPO / PLATE NUMBER YEAR | Homosiyers X | HB 336 80 R | |
| 2 LAND | | DESCRIPTION ON PAGE | |
| | | REAL PROPERTY TAX PARCEL NUMBER | , , , , , , , , , , , , , , , , , , , |
| MANUFACTURED HOME WILL BE | | 350711-2-008-0600 section/Township/RANGE | P in |
| LOT BLOCK 2 | Skagit County Short | Plat No. PL05-0413 | |
| 3 GRANTOR(S) REGISTERED/L | EGAL OWNER(S) ADDIT | NUMBER OF LEGAL OWNERS | |
| COUNTY NUMBER | NUMBER OF REGISTERED OWNERS | 1 | |
| Skagit NAME OF REGISTERED OWNER | | | |
| HAYES, RODNEY B. | | | |
| NAME OF ADDITIONAL REGISTERED OWNE | R () John Control | | |
| HAYES, KANDY L. | | | |
| ADDRESS | Ç Ç CITY | STATE ZIP CODE | |
| 40365 Challenger Roa | d Concrete | WA 98237 | |
| NAME OF LEGAL OWNER | And a second | | |
| HORIZON BANK NAME OF ADDITIONAL LEGAL OWNER | A Company of the Comp | | |
| | | | ., |
| ADDRESS | CITY | STATE ZIP CODE | |
| P O BOX 580 | Bellingham | WA 98227 | |
| GRANTEE | <u> </u> | | |
| NAME | the second | | |
| VEHICLE AND THIS INFORMATIO | N IS ACCURATE: Owner and Title, IF APPLICABLE | AMARE THE REGISTERED OWNER(S) OF THE | ıs |
| NOTARY SEAL OR STAMP | | N FOR REGISTERED OWNER(S) SIGNATURE | |
| 7440 | ata of Washington | | |
| SI SEXPLOSION SI | ate of Washington County of Skagit | Signed or attested August 1, 2 | 2006 |
| MARA ON EXPINES | D. J D. Harra | Man Charac | , |
| 15 5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Rodney B. Hayes PRINT NAME OF REGISTERED OWNER | MgMature NOTARY DIVAGENT | |
| | Kandy L. Hayes | Marcia J. Jennings | |
| PUBL 08 . STE | PRINT NAME OF REGISTERED OWNER | PRINTED NAME OF NOTARY | |
| 10 3 F Tit | e Notary Public | County/Office No. OR 1 0 / 5 / 2 AND: Dealer No. OR | 2008 |
| MATE OF | DEALERSHIP POSITION/AGENT/NOTARY | Notary Expiration Date | |
| 4 TITLE COMPANY CERTIFICAT | ION | et por the real property records | |
| NAME (TYPED OR PRINTED) | he land and ownership is true and correc | COMPANY / PHONE NUMBER | <u> </u> |
| STEPHANIE F WHITE | | CAGO TITLE COMPANY 360-424-17 | 00 |
| SIGNATURE / POSITION | \ | DATE | 7. J |
| RECORDED WHILE | White | 09/25/2006 | |
| | | s of the date Title Company Representative sign | IS. |
| 5 BUILDING PERMIT OFFICE CE | | Insentity on described | |
| r certify that a building pe | | nd the attachment will be inspected upon completion | yp. |
| NAME (TYPED OR PRINTED) GEORGING ROSSON | BLOG PERMIT OFFICE/PHON | NE# BLDG PERMIT # Brok - 6500 | |
| SIGNATURE/POSITION Signe Rosm | Permit Technicia | ~ 9/26/06 | N. A. |
| TD-420-729 MANUF HOME APPL (R/8/98)OR F | age 1 of 2 | | |

MAAE: 11 S of 905 300S/85/9

aksdit Conuty Auditor 200609260091

| 6 SIGNATU | RE OF LEGA | L OWNER | | | | | | | | |
|--------------------|--------------------------------|---------------------------------------|---|------------------|--|---------------------|-----------------------|--|--|--------------------|
| SIGNATURE | OF LEGAL (| WNER INC | ICATES CON | ISENT FOR | ELIMINATIO | N OF TA | LE/REMO | VALFRO | M REAL | PROPERTY. |
| | 200 | | d Title, IF APP | | Dava, | Su | agas. | - W/A | Wer |) |
| Signatur | egillar (Lec | al Owner an | d Title, IF APP | LICABLE _ | | | | | | |
| AND AR NO | ALD ESTAND | | - 44. | | ERTIFICATIO | N FOR I | EGAL OW | JER(S) S | CNATUR | |
| A Distriction | NC NC | N | of Washingtor | | Entirionic | | | | GNATON | - |
| A 31,40 | TARY | | County o | | com | | Signed or a before | me on _ | 08/07/ | 06 |
| 1 7 | BLIG] | 7 | HORIZON I | | | Sigr | nature <u>Pu</u> | TUM) | <u>xux</u> | <u></u> |
| Wind Street | 8-00 A | J <i>I</i> I 1 | | rA. | | R | eah M D | | •• | |
| A CE OF | WASHING | by PF | NT NAME OF LE | GÄL OWNER | | | TED NAME OF | | | |
| Mille | WASSE | _{Title} | Notary 1 | Public | | | | unty/Office | | שבאב |
| | 333 | | ALERSHIP POSIT | | OTARY | | AND: Not | Dealer ary Expirat | No. OR <u>0</u> 5 ion Date | 70808 _ |
| 7 LAND DES | CRIPTION | (A legal des | cription of th | e land can | be obtained t | rom the | | | | e |
| | | | | ~ 2 / | | | | -, , , , , , , , , , , , , , , , , , , | -31 3 01110 | - |
| 2005 and records | l record of Skag hwest Q | ed Dece it Coun uarter | SHORT Pimber 22, ty, WA; to Section. | 2005, ceing a | under Au portion | ditor of th | 's File ne Sout! | No. 2 neast | 005122: Quarte: | 20107, r of |
| Situated | l in Ska | git Cou | nty, Wash | nington | · Andrew Control of the Control of t | | | | | |
| 8 DEALER'S | S REPORT C | FSALE | | | 13 N | 7 7 | | | | |
| | | | ON IS CORRE | CT. THE VE | HICLE IS CL | EAROF | ENCUMBR | ANCES E | XCEPT AS | SHOWN. |
| ANY REQU | IRED SALE | TAX HAS | BEEN COLLE | | all and the second of the seco | And the second | W. | | | |
| DEALER NAME (T | | Eomes | | | | WA DEAL | 77 <i>9</i> | | Sepf/ | 2 2006 |
| PURCHASE PRICE | | TAX JURISDIC | TION/TAX RATE | DEALER'S A | UTHORIZED SIG | NATURE - | 4 | | | |
| USE | TAX EXEMP | T Sale to a | Certified Triba | member or | the reservation | n (attach | notarized s | atement o | of delivery). | |
| 9 COUNTY A | | | | | | | | 7 | | |
| I certify that the | | | | | | | | ent docum | entation to | proceed with |
| the recording of | this form. | · · · · · · · · · · · · · · · · · · · | | | ,, | - approve | | | | p. 00000 11(()) |
| NAME (TYPED OA | PRINTED) | ello | Ca | | | COUNTY | 7961 | PERATOR I | NUMBER | |
| SIGNATURE | | TO THE | Day | 199 | 10/20 | 1 | | DA | 9-21 | 0-06 |
| 10 TITLE FEE | S | - U | | | | | | A STATE OF THE STA | | - UT |
| FILING FEE | | CATION | MOBILE | OME FEE | ELIMINATION | FEE | USE TAX | The state of the s | SUBAGEN | T FEES |
| | | | | | | Tra Camer | | | TOTAL FE | ES A TAX |
| | | | | | | | | 7 | | A" |
| | | | | | | | | The state of the s | and Early And State Control of the State Control of | |
| IMPORT | Li R | censing O etain proo | oplication has ffice, take yo f of the recor application | our applicated | ation form to paid. If the l | the Cou Recordin | inty Reco | ding Off etains | ice. | |
| | APPLICAN | Ma | ce recorded, nufactured H nsing subag | lome Appl | ication, payi | ng all re | | | | |

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.