

RETURN ADDRESS

RECONVEYANCE SERVICES, INC.

14090 FRYELANDS BLVD SE #200

MONROE, WA 98272

RSI # 06-31094-WA

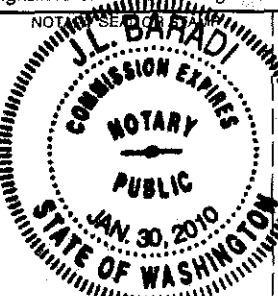


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Skagit County Auditor

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WASHINGTON STATE DEPARTMENT OF LICENSING		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					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
#113054	1989	Silve	56/52 X 28	AB7SC5172OR	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 360420-0-011-0015	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
		20/35N/4E			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2		1		
NAME OF REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
Rod R. Randles		RANLRR538C1			
NAME OF ADDITIONAL REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
Sandra A. Randles		RANLRSAS31MW			
ADDRESS		CITY	STATE	ZIP CODE	
4325 109th Place NE		Marysville	WA	98271	
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
First Mutual Bank					
NAME OF ADDITIONAL LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ADDRESS		CITY	STATE	ZIP CODE	
400 108TH AVENUE NE		BELLEVUE	WA	98004	
GRANTEE					
NAME					
State of Washington, Dept. of Licensing, To the Public					
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>X Rod R Randles</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Sandra A Randles</i>					
NOTARY PUBLIC STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested	
		County of Snohomish		before me on 10-2-06	
		by Rod R Randles		Signature	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by Sandra A Randles		PRINTED NAME OF NOTARY	
PRINT NAME OF REGISTERED OWNER		Wendy R Green			
Title		County/Office No. OR		AND: Dealer No. OR	
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date		01-13-10	
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 #		BLDG PERMIT #	
LORI ANDERSON SKAGIT COUNTY PLANNING		360-336-9410		20694	
SIGNATURE / POSITION		DATE			
<i>Lori Anderson</i> SUPPORT SERVICES TECH		10/18/06			

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER #113054	YEAR 1989	MAKE Silve	LENGTH/WIDTH(FEET) 56/52 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) AB7SC5172OR
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 <u>Cheryl King, A/P</u>				
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>FIRST MUTUAL BANK</u>				
NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
	State of Washington County of <u>KING</u>		Signed or attested before me on <u>10/30/2006</u>	
	PRINT NAME OF LEGAL OWNER <u>CHERYL KING, A/P</u>		Signature <u>[Signature]</u>	
	PRINT NAME OF LEGAL OWNER <u>Notary Public</u>		PRINTED NAME OF NOTARY <u>JL Baraki</u>	
	Title <u>Notary Public</u>		AND: County/Office No. OR Dealer No. OR <u>1-30-2010</u> Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)				
Tract C of Skagit County Short Plat No. 60-79 as approved October 26, 1979, and recorded October 29, 1970, in Volume 3 of Short Plats, Page 202, under Auditor's File No. 7910290018, records of Skagit County, Washington; being a portion of the South half of the Northeast quarter of Section 20, Township 35 North, Range 4 East, W.M., records of Skagit County, Washington. Situated in Skagit County, Washington.				
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		
<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) <u>Gabrielle Clay</u>		COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-27</u>		
SIGNATURE <u>[Signature]</u>		DATE <u>11-2-06</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.				

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 TTY (360) 664-8885.



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