

RETURN ADDRESS

First American Title Company
3202 Commercial Avenue
Anacortes, WA 98221



200612220011
 Skagit County Auditor

12/22/2006 Page 1 of 2 9:01AM

A89751

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 +438189	YEAR 2006	MAKE MARLT	LENGTH/WIDTH(FEET) 26 X 57	VEHICLE IDENTIFICATION NUMBER (VIN) HER0251810RAB
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER
 3926-005-007-0007/P65950

LOT 5, 6, 7	BLOCK 5	PLAT NAME OR SECTION/TOWNSHIP/RANGE HOLIDAY HIDEAWAY NO. 1	QUARTER/QUARTER SECTION
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	1	1

NAME OF REGISTERED OWNER: Walter Smith DOL CUSTOMER ACCOUNT NUMBER _____

NAME OF ADDITIONAL REGISTERED OWNER: VELMA G. SMITH DOL CUSTOMER ACCOUNT NUMBER _____

ADDRESS: 12349 Bartholomew Rd. CITY: Anacortes, STATE: WA ZIP CODE: 98221

NAME OF LEGAL OWNER: Whidbey Island Bank DOL CUSTOMER ACCOUNT NUMBER _____

NAME OF ADDITIONAL LEGAL OWNER: _____ DOL CUSTOMER ACCOUNT NUMBER _____

ADDRESS: 450 SW Bayshore Dr., Oak Harbor, WA CITY: 98277 STATE: _____ ZIP CODE: _____

GRANTEE

NAME
Walter E. Smith and Velma D. Smith

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 Walter E. Smith
 Signature of Additional Registered Owner and Title, IF APPLICABLE Velma G. Smith

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 12/8/06

by Walter Smith Signature Tamara A Satko
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by VELMA G. SMITH Signature TAMARA A SATKO
 PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR Dealer No. OR 11/7/07
 DEALERSHIP POSITION/AGENT/NOTARY 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) Tamara Satko TITLE COMPANY / PHONE NUMBER First American Title Company 360-293-5423

SIGNATURE / POSITION Tamara A Satko Escrow Closer, IPO DATE 12/8/06

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) LORI ANDERSON SKAGIT COUNTY PLANNING BLDG PERMIT OFFICE/PHONE # 360 336 9410 BLDG PERMIT # BP06-0367.

SIGNATURE / POSITION Lori Anderson Support Services Tech DATE 12/19/06

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

BY: WIFE U.P.

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
 State of Washington
 County of WA
 Signed or attested before me on 10/21/06
 Signature of Sandra D. Carver
 PRINTED NAME OF LEGAL OWNER
 by Whidbey Island Bank
 Signature of Donald Pinter
 PRINTED NAME OF LEGAL OWNER VICE PRESIDENT
 by Sandra D. Carver
 Signature of Sandra D. Carver
 PRINTED NAME OF NOTARY
 AND: County/Office No. OR Dealer No. OR 8-1-07
 Notary Expiration Date
 Title Notary
 DEALERSHIP POSITION/AGENT/NOTARY



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

Lots 5 through 7, Block 5, "HOLIDAY HIDEAWAY NO. 1", as per plat recorded in Volume 8 of Plats, pages 36 through 42, inclusive, records of 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) West Gate Homes
 PURCHASE PRICE 70,599.00
 TAX JURISDICTION/TAX RATE 8.3%
 DEALER'S AUTHORIZED SIGNATURE [Signature]
 WA DEALER NUMBER 4045
 DATE OF SALE 10/15/06

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) Rabbielle Clay
 COUNTY OFFICE/REGISTRAR OPERATOR NUMBER 2901-27
 SIGNATURE [Signature]
 DATE 12-22-06

10 TITLE FEES

FILED 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.



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The Department of Licensing has a policy of providing equal opportunity. If you need special accommodation, p.