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Skagit County Auditor

2/6/2007 Page

1 of 2 3:48PM

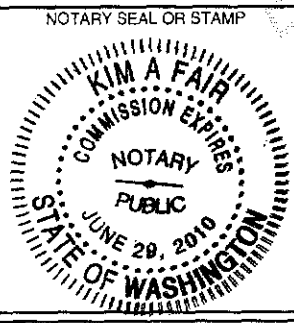
RETURN ADDRESS

Bruce Knowlton c/o
Chicago Title Company - Island Division
3110 Commercial Ave, Suite 101
Anacortes, WA 98221

CHICAGO TITLE CO.

1C41186✓

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)	
	2002	Silvercrest	66 X 28	11711310	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				P65078 & P65079	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
17+ Pmk	---	Dewey Beach # 4			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Bruce Knowlton					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Lenna Knowlton					
ADDRESS		CITY	STATE	ZIP CODE	
15203 Dewey Crest Lane		Anacortes	WA	98221	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Same As Registered					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
Box 97 425 Pike St.		Anacortes	WA	98221 98101	
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY PUBLIC		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on 1/31/07	
		by Bruce Knowlton		Signature	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by Lenna Knowlton			
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		Title Notary Public		AND: County/Office No. OR	
		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)		TITLE COMPANY / PHONE NUMBER			
Rhonda McNett		Chicago Title Company - Is. Division			
SIGNATURE / POSITION		DATE			
Escrow Asst.		(360) 293-4664			
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 # 536-9410		BLDG PERMIT #	
Elaine Pitman		Skagit County Planning		BP03-0974	
SIGNATURE / POSITION		DATE			
Elaine M Pitman, Permit Tech		1-8-07			

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2002	Silvercrest	66 X 28	11711310	
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>Marla Vallee</u>					
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 <u>SKAGIT</u> Signed or attested before me on <u>2/1/07</u> by <u>WASHINGTON FEDERAL SAVINGS</u> Signature <u>Kim A. Fair</u> <small>PRINT NAME OF LEGAL OWNER NOTARY OR AGENT</small> by <u>MARLA VALLEE</u> <u>KIM A. FAIR</u> <small>PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY</small> Title <u>VICE PRESIDENT/BR MANAGER</u> AND: County/Office No. <u>OR</u> 6/29/10 <small>DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date</small>			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lots 16 and 17, "Dewey Beach Addition No. 4" according to the plat thereof recorded in Volume 7 of Plats, Page 50, records of Skagit County, Washington. Except the Southwesterly 56.18 feet of Lot 16, as measured along the Northwesterly line thereof.					
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>Hursty Lowery</u>			COUNTY OFFICE/VEHICLE OPERATOR NUMBER <u>290108</u>		
SIGNATURE <u>Hursty Lowery</u>			DATE <u>2/16/07</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 800-368-7088.