



200702260003
Skagit County Auditor

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200701050114
Skagit County Auditor

1/5/2007 Page 1 of 2 2:10PM

RETURN ADDRESS

Shirley Scott

P.O. Box 145
Bow, WA 98232

* re-recorded to correct legal desc.

LAND TITLE OF SKAGIT COUNTY
123533-PS

WASHINGTON STATE 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)
	2006	Marlette	26'8" X 52'0"	HER025441ORAB

2 LAND LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER P33942

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
		8 X 35/3	SE 1/4 of SW 1/4

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 Shirley R Scott DOL CUSTOMER ACCOUNT NUMBER SCOTTSR552JJ

NAME OF ADDITIONAL REGISTERED OWNER DOL CUSTOMER ACCOUNT NUMBER

ADDRESS P.O. Box 145 CITY Bow STATE WA ZIP CODE 98232

NAME OF LEGAL OWNER Skagit State Bank DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER DOL CUSTOMER ACCOUNT NUMBER

ADDRESS P.O. Box 285 CITY Burlington STATE WA ZIP CODE 98233

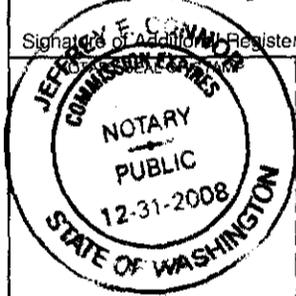
GRANTEE

NAME Shirley R Scott

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 Shirley R Scott

Signature of Additional Registered Owner and Title, IF APPLICABLE



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 1-5-07

by Shirley R Scott PRINT NAME OF REGISTERED OWNER Signature Jeffrey F. Corner NOTARY OR AGENT

by Jeffrey F. Corner PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR Dealer No. OR 12-31-08 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

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: 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) BLDG PERMIT OFFICE/PHONE # 360-336-9410 BLDG PERMIT # BP06-0454
LORI ANDERSON SKAGIT COUNTY PLANNING

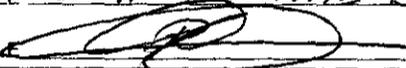
SIGNATURE / POSITION DATE
Lori Anderson SUPPORT SERVICES TECH 01/05/07

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2006	Marlette	26'8" X 52'0"	HER025441ORAB

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 SKAGIT STATE BANK

Signature of Additional Legal Owner and Title, IF APPLICABLE 

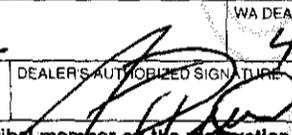
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
NOTARY PUBLIC STATE OF WASHINGTON PAMELA G ALDRIDGE My Appointment Expires Nov. 20, 2009	State of Washington	Signed or attested before me on <u>1-3-07</u>
	County of <u>Skagit</u>	
	by <u>Skagit State Bank</u>	Signature <u>Pamela G. Aldridge</u>
	PRINT NAME OF LEGAL OWNER	NOTARY OR AGENT
	PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY
	Title <u>Notary</u>	AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>11/20/09</u>
	DEALERSHIP POSITION/AGENT/NOTARY	

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

OPEN SPACE #299 #761875 1973 DK 5 SE1/4 OF SW1/4 of Section 8, Township 35 North, Range 3 East, W.M. Situate in the County of Skagit, State of Washington.

8 DEALER'S REPORT OF SALE

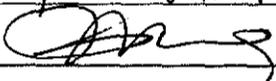
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.

DEALER NAME (TYPED OR PRINTED)	WA DEALER NUMBER	DATE OF SALE
<u>Westgate Homes Inc</u>	<u>4045</u>	<u>10/28/06</u>
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE
<u>\$84,147</u>		

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)	COUNTY OFFICE/VFS OPERATOR NUMBER
<u>YOUA VANG</u>	<u>2901/25</u>
SIGNATURE	DATE
	<u>1-5-07</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 TTY (360) 664-8885.

