

RETURN ADDRESS

CHICAGO TITLE COMPANY
P O BOX 670
BURLINGTON WA 98233



200703190248
Skagit County Auditor

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CHICAGO TITLE CO. 1C39423

		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)	
..	2006	Aspen	56 X 26.8	HB33380R	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 3822-000-074-0001		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
74		Skyline No. 6			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
Skagit	2		1		
NAME OF REGISTERED OWNER					
REEVES, SCOTT A.					
NAME OF ADDITIONAL REGISTERED OWNER					
REEVES, EMILY K.					
ADDRESS		CITY	STATE	ZIP CODE	
4711 Devonshire Drive		Anacortes	WA	98221	
NAME OF LEGAL OWNER					
WELLS FARGO BANK, N.A.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
12550 SE 93rd Avenue		Clackamas	OR	97015	
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 <i>Scott A. Reeves</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Emily K. Reeves</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <u>Skagit</u>		Signed or attested before me on <u>July 11, 2006</u>	
		Scott A. Reeves PRINT NAME OF REGISTERED OWNER		Signature <i>Marcia J. Jennings</i> NOTARY OR AGENT	
		Emily K. Reeves PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY Marcia J. Jennings	
		Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. <u>OR</u> Dealer No. <u>OR10/5/2008</u> 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: <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 #	
EDWIN FRANK		360-293-1901		BLD-2006-0178	
SIGNATURE / POSITION		DATE			
<i>Edwin Frank</i> BUILDING OFFICIAL		3/14/07			


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 WELLS FARGO BANK, N.A.
PERSIDA SURDU, CLOSING SPEC.

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATUREState of WashingtonWYXXXXXX OREGONCounty of CLACKAMASSigned or attested
before me on 7/19/06 OFFICIAL SEAL
JULIE ANDERSEN
NOTARY PUBLIC - OREGON
COMMISSION NO. 388875
MY COMMISSION EXPIRES JANUARY 23, 2009by WELLS FARGO BANK, N.A.
PERSIDA SURDU, CLOSING SPEC.Signature _____
NOTARY OR AGENTPRINT NAME OF LEGAL OWNER
WELLS FARGO BANK, N.A.

PRINTED NAME OF NOTARY

Title Notary PublicAND: County/Office No. OR 1/23/09

DEALERSHIP POSITION/AGENT/NOTARY

Dealer No. OR

Notary Expiration Date

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)Lot 74, SKYLINE NO. 6, according to the plat thereof recorded in Volume 9 of
Plats, pages 64 through 67A, 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)

OLYMPIC HOMES, INC.

WA DEALER NUMBER

47779

DATE OF SALE

7-14-06

PURCHASE PRICE

\$74,685.00

TAX JURISDICTION/TAX RATE

7.9%

DEALER'S AUTHORIZED SIGNATURE

[Signature]☐ **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)

Gabrielle Clay

COUNTY OFFICE/VES OPERATOR NUMBER

2901-27

SIGNATURE

[Signature]

DATE

3-19-07**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 (800) 822-8222.

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