

## RETURN ADDRESS

Ms. Sandra D. Mitchell

2606 View Place

Anacortes, WA 98221

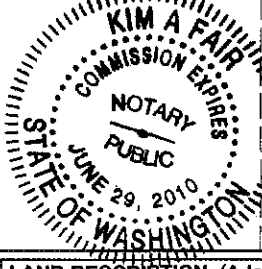
200705010174  
Skagit County Auditor

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124939-J

LAND TITLE OF SKAGIT COUNTY

WASHINGTON STATE DEPARTMENT OF LICENSING		Manufactured Home Application		PLEASE CHECK ONE	
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)		<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY			
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER +442852	YEAR 2007	MAKE HOMEB	LENGTH/WIDTH(FEET) 59 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) HB33850R	
<b>2 LAND</b> LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER P59429/3822-000-038-0006			
LOT # 38	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Skyline No. 6		QUARTER/QUARTER SECTION	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 1		NUMBER OF LEGAL OWNERS 1		
NAME OF REGISTERED OWNER Sandra D. Mitchell		DOL CUSTOMER ACCOUNT NUMBER			
NAME OF ADDITIONAL REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ADDRESS 2606 View Place		CITY Anacortes	STATE WA	ZIP CODE 98221	
NAME OF LEGAL OWNER Washington Federal Savings		DOL CUSTOMER ACCOUNT NUMBER			
NAME OF ADDITIONAL LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ADDRESS 1017 Commercial Avenue		CITY Anacortes	STATE WA	ZIP CODE 98221	
<b>GRANTEE</b>					
NAME Sandra D. Mitchell					
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 <u>Sandra D. Mitchell</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE _____					
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>4/24/07</u>	
		Sandra D. Mitchell PRINT NAME OF REGISTERED OWNER		Signature _____ NOTARY OR AGENT	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY Jennifer J. Lind	
		Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>10/01/10</u>	
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that: <input type="checkbox"/> the manufactured home has been affixed to the real property as described. <input checked="" type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED) Edwin FRANK		BLDG PERMIT OFFICE/PHONE # 360-293-1901		BLDG PERMIT # Bd-2006-0489	
SIGNATURE/POSITION <u>[Signature]</u>		BUILDING OFFICIAL		DATE 4/30/07	

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER +442852	YEAR 2007	MAKE HOMEB	LENGTH/WIDTH(FEET) 59 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) HB33850R
<b>6 SIGNATURE OF LEGAL OWNER</b>				
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, v.p.</u>				
Signature of Additional Legal Owner and Title, IF APPLICABLE _____				
NOTARY SEAL OR STAMP 		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b> State of Washington County of <u>SKAGIT</u> Signed or attested before me on <u>04/26/07</u> <u>WASHINGTON FEDERAL SAVINGS</u> Signature <u>Kim A. Fair</u> <small>PRINT NAME OF LEGAL OWNER NOTARY OR AGENT</small> <u>MARLA VALLEE</u> <small>PRINT NAME OF LEGAL OWNER</small> <u>KIM A. FAIR</u> <small>PRINTED NAME OF NOTARY</small> Title <u>VICE PRES. &amp; MANAGER</u> AND: County/Office No. <u>OR</u> <small>DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR 06/29/10</small> <small>Notary Expiration Date</small>		
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>				
38 Lot 6, "SKYLINE NO. 6," as per plat recorded in Volume 9 of Plats, pages 64 through 67A, inclusive, records of Skagit County, Washington.  Situate in the City of Anacortes, County of Skagit, State of Washington.				
<b>8 DEALER'S REPORT OF SALE</b>				
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"/> <b>USE TAX EXEMPT</b> Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).				
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>				
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>Gabrielle Clay</u>		DATE <u>5-1-07</u>		
<b>10 TITLE FEES</b>				
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX
				TOTAL FEES & TAX
<b>IMPORTANT:</b> 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.				
<b>APPLICANTS:</b> 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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