



200705160002

Skagit County Auditor

RETURN ADDRESS

5/16/2007 Page

1 of

2 8:37AM

CHICAGO TITLE CO. C247106

STATE OF WASHINGTON 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)	
	2000	Liberty	52 X 26	09L33970XU	
2 LAND					
MANUFACTURED HOME WILL BE			LEGAL DESCRIPTION ON PAGE		
<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			4667-000-011-0000		
LOT	BLOCK	PLAT NAME	REAL PROPERTY TAX PARCEL NUMBER		
11		CASCADE HEIGHTS	P108161		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
29		2		1	
NAME OF REGISTERED OWNER					
ROMAN GOLBIENKO					
NAME OF ADDITIONAL REGISTERED OWNER					
DAWNETTA GOLBIENKO					
ADDRESS					
201 West Lawrence Street		CITY	Mount Vernon	STATE	ZIP CODE
				WA	98273
NAME OF LEGAL OWNER					
Long Beach Mortgage Company					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
6160 Stoneridge Mall Road Suite 310		CITY	Pleasanton	STATE	ZIP CODE
				CA	94588
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>Roman Golbienio</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>DAWN</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		Signed or attested before me on		12/02/02	
County of Skagit					
by Roman Golbienio		Signature		<i>Marcie Paleck</i>	
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
by Dawnetta Golbienio		Marcie K. Paleck			
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title Notary		AND: County/Office No. OR		10/15/08	
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			
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 #	
JAMCORMICK		360-853-8401		08-048	
SIGNATURE / POSITION		DATE			
<i>JAMCORMICK</i>		BLDG OFFICIAL / T.O.C.		11-3-06	

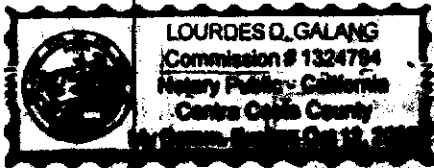
6 SIGNATURE OF LEGAL OWNER

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 _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATUREState of CaliforniaCounty of Contra CostaSigned or attested
before me on 12/9/02by Dennis D Revelo
PRINT NAME OF LEGAL OWNERSignature Louderes D. Galang
NOTARY OR AGENTby _____
PRINT NAME OF LEGAL OWNERPRINTED NAME OF NOTARY
LOURDES D. GALANGTitle _____
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR
Notary Expiration Date 10/12/05

LOURDES D. GALANG
Commission # 1324794
Notary Public - California
Contra Costa County
Expires 10/12/05

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)Lot 11, CASCADE HEIGHTS, according to the plat thereof
recorded in Volume 16 of Plats, pages 85 and 86, records
of Skagit County, Washington.

Situated in Skagit County, Washington.

8 DEALER'S REPORT OF SALEI 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)

Valley Home Center

WA DEALER NUMBER

4117

DATE OF SALE

9/15/02

PURCHASE PRICE

48,600

TAX JURISDICTION/TAX RATE

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/VFS OPERATOR NUMBER

2901-27

SIGNATURE

[Signature]

DATE

5-16-07**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 (360) 902-3600 or TDD (360) 864-8885.



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