

RETURN ADDRESS

Land Title Company

P.O. Box 445, 111 E. George Hopper road  
Burlington, WA 98233

Escrow #125304-SF



200706190074  
Skagit County Auditor

6/19/2007 Page 1 of 2 12:12PM

LAND TITLE OF SKAGIT COUNTY

		<b>MANUFACTURED HOME APPLICATION</b>		<b>PLEASE CHECK ONE</b> <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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
+323559	2004	FLTWD	40 X 27	ORFL34829679GX13	
<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 3988-000-021-0005 (P68601)		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
21					
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		1		1	
NAME OF REGISTERED OWNER ROBERT F. LEGAN, SR.					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY		STATE ZIP CODE	
9995 RUSTIC LANE		SEDRO WOOLLEY		WA 98284	
NAME OF LEGAL OWNER SAME AS REGISTERED					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY		STATE ZIP CODE	
<b>GRANTEE</b>					
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>Robert F. Legan, Sr.</i>					
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 Skagit		Signed or attested before me on 6-18-2007	
		by Robert F. Legan, Sr.		Signature <i>Anneliese Maria Farrell</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by Anneliese Maria Farrell		PRINTED NAME OF NOTARY	
		Title Notary		AND: County/Office No. OR 6/28/08 Dealer No. OR Notary Expiration Date	
		DEALERSHIP POSITION/AGENT/NOTARY			
<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) Anneliese Maria Farrell			TITLE COMPANY / PHONE NUMBER Land title Company (360)707-2312		
SIGNATURE / POSITION <i>Anneliese Maria Farrell</i>		LPO/Escrow Officer		DATE 6/18/07	
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 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) LORI ANDERSON		BLDG PERMIT OFFICE/PHONE # 360 330-9410		BLDG PERMIT # BP03-1238	
SIGNATURE / POSITION <i>Lori Anderson</i>		SUPPORT SERVICES TECH.		DATE 6-19-07	

**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 \_\_\_\_\_  
 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 _____	Signed or attested before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR AND: Notary Expiration Date
Title _____ DEALERSHIP POSITION/AGENT/NOTARY		

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

Lot 21, "PLAT OF RUSTIC RANCHETTES, SKAGIT COUNTY, WASHINGTON" as per Plat recorded in Volume 8 of Plats, page 21, records of Skagit County, Washington.  
 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
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).		

**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) <b>YOUA YANG</b>	COUNTY OFFICE/VFS OPERATOR NUMBER <b>2901/25</b>
SIGNATURE <i>[Signature]</i>	DATE <b>6-19-07</b>

**10 TITLE FEES**

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX <b>49.00</b>

**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) 822-8987.



200706190074  
 Skagit County Auditor