

RETURN ADDRESS

Scott & Rhonda Worley  
 4616 Devonshire Dr.  
 Anacortes, Wa. 98221



200707260168  
 Skagit County Auditor

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LAND TITLE OF SKAGIT COUNTY

124677-0E

**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)
	2007	Westridge	67 X 27	2F91-0542-V AB

**2 LAND** **LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER 3822-000-094-0007

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
94		Skyline #6	

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** **ADDITIONAL NAMES ON PAGE**

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	1

NAME OF REGISTERED OWNER Scott E. Worley DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER Rhonda J. Worley DOL CUSTOMER ACCOUNT NUMBER

ADDRESS 4616 Devonshire Dr. CITY Anacortes STATE WA ZIP CODE 98221

NAME OF LEGAL OWNER Pacific West Investments DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER DOL CUSTOMER ACCOUNT NUMBER

ADDRESS P O Box 675 CITY Burlington STATE WA ZIP CODE 98233

**GRANTEE**  
 NAME same as Grantor

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 *Scott E. Worley*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Rhonda J. Worley*



**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

State of Washington County of Skagit Signed or attested before me on 3/05/07 HF

by Scott E. Worley Signature *[Signature]*  
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Rhonda J. Worley Signature *[Signature]*  
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 11-02-10

**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 # BLDG PERMIT #

Larry Andrews 360 293-1901 BLD-2007-0493

SIGNATURE / POSITION DATE

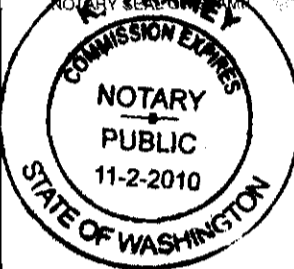
*[Signature]* 7/17/07

MANUFACTURED HOME - FROM SECTION 1				
TPC / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2007	Westridge	67 X 27	2F91-0542-V AB

**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 Wilma Louia

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>2/28/07</u>
	by <u>Wilma Louia, Pres.</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>K. Franey</u>
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>11-02-10</u>	

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

Lot 94, '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.

**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) <u>Coach Corral Inc.</u>	WA DEALER NUMBER <u>4218</u>	DATE OF SALE <u>5/31/07</u>
PURCHASE PRICE <u>89,170</u>	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</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) <u>Gabriele Clay</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-27</u>
SIGNATURE <u>[Signature]</u>	DATE <u>7-26-07</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 TTY (360) 664-8885.

