

RETURN ADDRESS

Land Title Company
 3010 Commercial Avenue
 Anacortes, WA 98221



200708030118
 Skagit County Auditor
 8/3/2007 Page 1 of 211:56AM

LAND TITLE OF SKAGIT COUNTY

126486-PAE

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 %04731	YEAR 1980	MAKE Villanova	LENGTH/WIDTH(FEET) 40 X 24	VEHICLE IDENTIFICATION NUMBER (VIN) VN501010
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2 LAND **LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER P59405/3822-000-015-0003

LOT 15	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Skyline No. 6 LOT 15	QUARTER/QUARTER SECTION
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) **ADDITIONAL NAMES ON PAGE**

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER DRUMMOND, JACK (Estate of)	DOL CUSTOMER ACCOUNT NUMBER
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NAME OF ADDITIONAL REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
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ADDRESS C/O 6118 SYCAMORE PLACE	CITY EVERETT	STATE WA	ZIP CODE 98203
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NAME OF LEGAL OWNER SAME AS REGISTERED OWNER ABOVE	DOL CUSTOMER ACCOUNT NUMBER
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NAME OF ADDITIONAL LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
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ADDRESS	CITY	STATE	ZIP CODE
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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:

Carol Ann Drummond and Mark G. Drummond, Co-Personal Representatives
 Signature of Registered Owner and Title, IF APPLICABLE *Carol Ann Drummond*
 of the Estate of Jack Drummond
 Signature of Additional Registered Owner and Title, IF APPLICABLE *Mark G Drummond*

	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington Skagit	Signed or attested before me on 7/23/07
	by Carol Ann Drummond and Mark G. Drummond, Co-Personal Representatives of the Estate of Jack Drummond	
	by Lisa J. Cure	Signature of Notary
by Lisa J. Cure	PRINTED NAME OF NOTARY	County/Office No. OR 7/16/2010
Title Notary	AND: 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
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SIGNATURE / POSITION	DATE
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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) Larry Andrews	BLDG PERMIT OFFICE/PHONE # 2007-0531	BLDG PERMIT # 2007-0531
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SIGNATURE / POSITION <i>Larry Andrews</i> Building Inspector	DATE 7/27/06
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MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
%04731	1980	Villanova	40 X 24	VN501010

6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Carol Ann Drummond and Mark G. Drummond, Co-Personal Representatives
 Signature of Legal Owner and Title, IF APPLICABLE *Carol Ann Drummond*

of the Estate of Jack Drummond
 Signature of Additional Legal Owner and Title, IF APPLICABLE *Mark G Drummond*

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of Skagit	Signed or attested before me on 7/23/07
	by Carol Ann Drummond and Mark G. Drummond, Co-Personal Representatives of the Estate of Jack Drummond PRINT NAME OF LEGAL OWNER	<i>Carol Ann Drummond</i> SIGNATURE OF LEGAL OWNER
	by Lisa J. Cure PRINT NAME OF LEGAL OWNER	Lisa J. Cure PRINTED NAME OF NOTARY
Title _____	AND: County/Office No. OR Dealer No. OR 7/16/2010 Notary Expiration Date	

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

Lot 15, "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)	WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED 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) <i>Husty Lowery</i>	COUNTY OFFICE/VES OPERATOR NUMBER <i>290108</i>
SIGNATURE <i>Husty Lowery</i>	DATE <i>8/3/07</i>

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 TTY (360) 664-8885.



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Skagit County Auditor