

RETURN ADDRESS

WASHINGTON FEDERAL SAVINGS
 Mount Vernon Office
 P.O. Box 639
 Mount Vernon, WA 98273
 LAND TITLE OF SKAGIT COUNTY



200710160099
 Skagit County Auditor

10/16/2007 Page 1 of 2 4:02PM

331291-5 Land Title #125820-SW

		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)	
NEW	2007	KARSTEN	48 X 27	STA0285880R - AB	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER P105863		
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
3		SHORT PLAT 93-46 2-35N-4E WM			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
029		2		1	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
JACK HAMILTON					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
CHERYL HAMILTON					
ADDRESS		CITY		STATE ZIP CODE	
22727 Ricky Lane		Sedro Woolley		WA 98284	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
WASHINGTON FEDERAL SAVINGS					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY		STATE ZIP CODE	
1501 Riverside Dr.		Mount Vernon		WA 98273	
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>Jack R Hamilton</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Cheryl A Hamilton</i>					
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>9-7-07</u>	
		by JACK HAMILTON PRINT NAME OF REGISTERED OWNER		Signature <i>Cheryl C Holmstrom</i> NOTARY OR AGENT	
		by CHERYL HAMILTON PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY CHERYL C HOLMSTROM	
		Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: <u>County/Office No. OR Dealer No. OR 10-15-08</u> 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 #	
LORI ANDERSON		SKAGIT COUNTY PLANNING 360-330-9410		BP07-0404	
SIGNATURE / POSITION				DATE	
<i>Lori Anderson</i>		PERMIT TECHNICIAN		9/24/07	

MANUFACTURED HOME - FROM SECTION 1

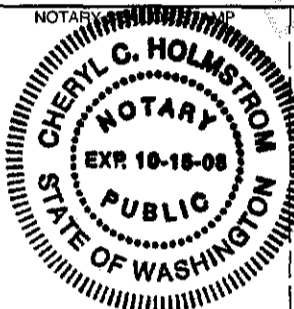
TPO/PLATE NUMBER NEW	YEAR 2007	MAKE KARSTEN	LENGTH/WIDTH(FEET) 48 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) STA0285880R - AB
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6 SIGNATURE OF LEGAL OWNER

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

Signature of Legal Owner and Title, IF APPLICABLE Allen J. Collins Vice-Pres.

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>9-17-07</u>
	by <u>WASHINGTON FEDERAL SAVINGS</u> PRINT NAME OF LEGAL OWNER	Signature <u>Cheryl C. Holmstrom</u> NOTARY OR AGENT
	by <u>--</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>CHERYL C. HOLMSTROM</u> County/Office No. OR AND: Dealer No. OR <u>10-15-08</u> Notary Expiration Date

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

Tract 3 of Short Plat No. 93-46, approved August 10, 1994, and recorded August 12, 1994, under Auditor's File No. 9408120054 in Volume 11 of Short Plats, page 96, records of Skagit County, Washington, being a portion of the Northwest 1/4 of the Southeast 1/4 of Section 2, Township 35 North, Range 4 East, W.M.

TOGETHER WITH a 20 foot non-exclusive easement for ingress, egress and utilities over and across Tract 2 of said Short Plat as delineated on the face of said Short Plat.
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) <u>Vic Cox Thomas</u>	WA DEALER NUMBER <u>433</u>	DATE OF SALE <u>5-26-07</u>
PURCHASE PRICE <u>21,680.00</u>	TAX JURISDICTION/TAX RATE <u>8.5%</u>	DEALER'S AUTHORIZED SIGNATURE <u>Michael Joseph Mgr</u>
<input type="checkbox"/> 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>Busty Lowery</u>	COUNTY OFFICE/VEHICLE OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>Busty Lowery</u>	DATE OF APPROVAL <u>09/16/07</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 1-800-541-5273.

