



200710160100

Skagit County Auditor

10/16/2007 Page 1 of 3 4:03PM

RETURN ADDRESS

WASHINGTON FEDERAL SAVINGS

Mount Vernon Office

PO Box 639

Mount Vernon, WA 98273

LAND TITLE OF SKAGIT COUNTY

329458-4 Land Title #125014-SW

MANUFACTURED HOME LICENSING APPLICATION

STATE OF WASHINGTON Department of Licensing

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 NEW	YEAR 2007	MAKE SKYLINE	LENGTH/WIDTH(FEET) 68 X 42	VEHICLE IDENTIFICATION NUMBER (VIN) 2T91-0590-V ABC
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2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER P36604

LOT A	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE SHORT PLAT NO 36-76	QUARTER/QUARTER SECTION 14-35N-R4E WM
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE 3

COUNTY NUMBER 029	NUMBER OF REGISTERED OWNERS 4	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER: FLORENCIO O RAMON SR DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER: ISABEL G RAMON DOL CUSTOMER ACCOUNT NUMBER

ADDRESS: 22296 Cully Dr. City: Sedro Woolley State: WA ZIP CODE: 98284 DOL CUSTOMER ACCOUNT NUMBER

NAME OF LEGAL OWNER: WASHINGTON FEDERAL SAVINGS DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER: DOL CUSTOMER ACCOUNT NUMBER

ADDRESS: 1501 Riverside Dr. City: Mount Vernon State: WA ZIP CODE: 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: *Florencio O Ramon Sr*

Signature of Additional Registered Owner and Title, IF APPLICABLE: *Isabel G Ramon*

NOTARY SEAL OR STAMP: ALLEN L. COLLINS, COMMISSION EXPIRES 5-15-2011, NOTARY PUBLIC, STATE OF WASHINGTON

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on April 20, 2007

by FLORENCIO O RAMON SR Signature: *Allen L. Collins* NOTARY OR AGENT

by ISABEL G RAMON Signature: *Allen L. Collins* PRINTED NAME OF NOTARY

Title: Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 5-15-2011

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): LORI ANDERSON SKAGIT COUNTY PLANNING BLDG PERMIT OFFICE/PHONE # 360 3340-9410 BLDG PERMIT # BPO7-0406

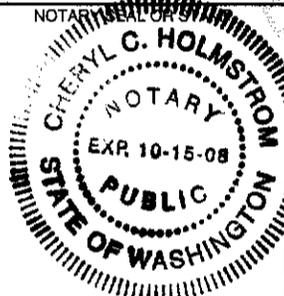
SIGNATURE / POSITION: *Lori Anderson* PERMIT TECHNICIAN DATE: 9/19/07

UNRECORDED

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
NEW	2007	SKYLINE	68 X 42	2T91-0590-V ABC

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 L. 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>[Signature]</u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	<u>Cheryl C. Holmstrom</u> PRINTED NAME OF NOTARY
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR 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 A of Skagit County Short Plat No. 36-76, approved January 4, 1977, recorded January 10, 1977, under Auditor's File no. 848992 in Volume 2 of Short Plats, page 13, being a portion of the Northeast 1/4 of the Northwest 1/4 of Section 14, Township 35 North, Range 4 East, W.M.
 TOGETHER WITH a non-exclusive easement for ingress, egress, and utilities over and across Shelia Lane as shown on face of 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>Coach Corral Inc.</u>	WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>8/10/07</u>
PURCHASE PRICE <u>140,113.00</u>	TAX JURISDICTION/TAX RATE <u>0.080</u>	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</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/VES OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>[Signature]</u>	DATE <u>10/16/07</u>

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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OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK THE TYPE OF APPLICATION:

- Title Elimination
- Removal From Real Property
- Transfer in Location

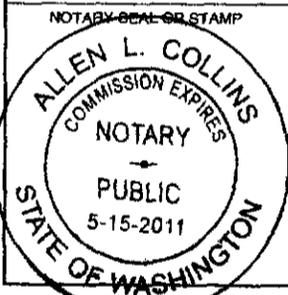
PROPERTY TAX PARCEL NUMBER:

P36604

ADDITIONAL GRANTOR(S) REGISTERED OWNER(S)	
NAME OF REGISTERED OWNER JERARDO V GONZALEZ JR	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER FRANCISCA G GONZALEZ	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
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SIGNATURE OF REGISTERED OWNER(S)	
SIGNATURE OF REGISTERED OWNER <i>Jerardo V. Gonzalez Jr.</i>	DATE 4-20-07
SIGNATURE OF REGISTERED OWNER <i>Francisca G. Gonzalez</i>	DATE 4-20-07
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE

<p style="font-size: small;">NOTARY SEAL OR STAMP</p> 	<p>NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</p> <p>State of Washington Signed or attested before me on <u>April 20, 2007</u></p> <p>County of <u>Skagit</u></p> <p>by <u>JERARDO V GONZALEZ JR and FRANCISCA G GONZALEZ</u> Signature <u>Allen L. Collins</u></p> <p>Printed Name of Applicant Notary or Agent</p> <p>Printed name of Notary <u>Allen L. Collins</u></p> <p>Title <u>Notary</u> Dealer No. OR</p> <p>Dealership Position/Agent/Notary AND: County/Office No. OR</p> <p>Notary Expiration Date <u>05-15-2011</u></p>
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