

RETURN ADDRESS



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Skagit County Auditor

2/5/2008 Page 1 of 2 2:10:42AM

STATE OF WASHINGTON 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 8117281	YEAR 98	MAKE ARDMR	LENGTH/WIDTH(FEET) 28X56	VEHICLE IDENTIFICATION NUMBER (VIN) 117702
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER
360519-0-009-2267

LOT 10	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER 29	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER: LRD TD Johnson Partnership DOL CUSTOMER ACCOUNT NUMBER _____

NAME OF ADDITIONAL REGISTERED OWNER: _____ DOL CUSTOMER ACCOUNT NUMBER _____

ADDRESS: PO Box 98 CITY: Clearlake STATE: WA ZIP CODE: 98235

NAME OF LEGAL OWNER: Whidbey Island Bank DOL CUSTOMER ACCOUNT NUMBER _____

NAME OF ADDITIONAL LEGAL OWNER: _____ DOL CUSTOMER ACCOUNT NUMBER _____

ADDRESS: PO Box 1589 CITY: Oak Harbor STATE: WA ZIP CODE: 98277

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: Terry Johnson PARTNER

Signature of Additional Registered Owner and Title, IF APPLICABLE: _____

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

NOTARY SEAL OR STAMP:

State of Washington County of Skagit Signed or attested before me on 2-5-08

PRINT NAME OF REGISTERED OWNER: TERRY JOHNSON Signature: Kimberlee A. Raymond
 PRINT NAME OF REGISTERED OWNER: Terry Johnson NOTARY OR AGENT
 PRINTED NAME OF NOTARY: Kimberlee A. Raymond

Title: Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date
 DEALERSHIP POSITION/AGENT/NOTARY 8-15-11

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) <u>Sheila Daut</u>	BLDG PERMIT OFFICE/PHONE # <u>Skagit County Planning 360-336-9410</u>	BLDG PERMIT # <u>8P06-1282</u>
SIGNATURE / POSITION <u>Sheila Daut Support Services Technician</u>		DATE <u>02-05-08</u>

MANUFACTURED HOME - FROM SECTION 1

TPQ / PLATE NUMBER 8 117281	YEAR 98	MAKE ARDMR	LENGTH/WIDTH (FEET) 28X56	VEHICLE IDENTIFICATION NUMBER (VIN) 117702
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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

Whidbey Island Bank & P.

Signature of Additional Legal Owner and Title, IF APPLICABLE

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of Skagit	Signed or attested before me on 2-5-08
	by Les L. Moller VP PRINT NAME OF LEGAL OWNER	Signature <i>Kimberlee A. Raymond</i> NOTARY OR AGENT
	by Whidbey Island Bank PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY Kimberlee A. Raymond
Title Notary DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR 8-15-11 Dealer No. OR Notary Expiration Date	

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

Ptn NE 1/4 of NW 1/4, 19-36-5 E W.M.

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) YOUNG VANG	COUNTY OFFICE/VFS OPERATOR NUMBER 2901/25
SIGNATURE <i>[Signature]</i>	DATE 2-5-08

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

