



200802120058

Skagit County Auditor

2/12/2008 Page 1 of 2 1:32PM

RETURN ADDRESS

Reconveyance Services, Inc.
14090 Fryelands Blvd. SE, Suite 200
Monroe, WA 98272

Reg # 07-22463 WA

WASHINGTON STATE DEPARTMENT OF LICENSING		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)	
	2008	Fleetwood	48 X 28	ORFL748A31882-FE13	
2 LAND LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 3822-000-124-0001 / P59537	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
LOT 124		"SKYLINE NO.6", V 9, p 64-67A			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
SKAGIT COUNTY	1		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
BILLIE J. LAMPHEAR					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY		STATE ZIP CODE	
4708 DEVONSHIRE DR.		ANACORTES		WA 98221	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
FINANCIAL FREEDOM					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY		STATE ZIP CODE	
1660 E. ROSEVILLE PKWY, SUITE 100		ROSEVILLE		CA 95661	
GRANTEE					
NAME State of Washington Dept of Licensing to the Public					
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>Billie Lamphiear</i>	
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on 12/10/07	
		by Billie J. Lamphiear PRINT NAME OF REGISTERED OWNER		Signature <i>[Signature]</i> NOTARY OR AGENT	
		by _____ PRINT NAME OF REGISTERED OWNER		Lisa J. Cure PRINTED NAME OF NOTARY	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR 7/16/2010 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 #	
<i>Edwin Fraull</i>		360-293-1901		BLD-2007-0526	
SIGNATURE / POSITION		BUILDING OFFICIAL		DATE	
<i>Edwin Fraull</i>				1/31/08	

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2008	Fleetwood	48 X 28	ORFL748A31882-FE13

6 SIGNATURE OF LEGAL OWNER

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

FINANCIAL FREEDOM BY: Loretta Cowan, V.P.
 Signature of Legal Owner and Title, IF APPLICABLE

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of Placer Signed or attested before me on January 15, 2008

by Loretta Cowan Signature Jon Konar
 PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by Jon Konar
 PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title _____ AND: County/Office No. OR Dealer No. OR Notary Expiration Date Aug 10, 2010

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

Lot 124, "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 Carrol Inc.</u>	WA DEALER NUMBER <u>4298</u>	DATE OF SALE <u>12/18/07</u>
PURCHASE PRICE <u>59,862</u>	TAX JURISDICTION/TAX RATE <u>8.0%</u>	DEALER'S AUTHORIZED SIGNATURE <u>Mark Blain</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>Gabrielle Clay</u>	COUNTY OFFICE/VES OPERATOR NUMBER <u>2901-27</u>
SIGNATURE <u>G Clay</u>	DATE <u>2-12-08</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 (360) 902-3600 or TTY (360) 664-8885.



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