



200803190120
Skagit County Auditor

RETURN ADDRESS

WASHINGTON FEDERAL SAVINGS

Mount Vernon Office

P.O. Box 639

Mount Vernon, WA 98273

3/19/2008 Page

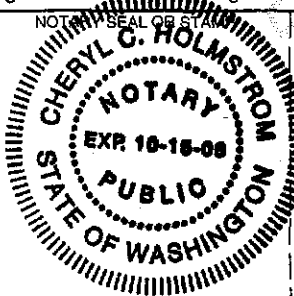
1 of

2 4:06PM

329295-0 Land Title #124963-S

LAND TITLE OF SKAGIT COUNTY

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER NEW	YEAR 2005	MAKE SKYLINE	LENGTH/WIDTH(FEET) 60 X 42	VEHICLE IDENTIFICATION NUMBER (VIN) 2T91-0333-T ABC	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER P78306	
LOT 3	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE ASHLAND ADDITION DIVISION 1		QUARTER/QUARTER SECTION	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER 029		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1	
NAME OF REGISTERED OWNER PATRICK K GUDMUNDSON				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER JENNIFER R GUDMUNDSON				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 1617 Snee-Oosh Rd.		CITY LaConner		STATE WA	ZIP CODE 98257
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 <i>Patrick K Gudmundson</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Jennifer R Gudmundson</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of: Skagit		Signed or attested before me on April 13, 2007	
		by PATRICK K GUDMUNDSON PRINT NAME OF REGISTERED OWNER		Signature <i>Allen L. Collins</i> NOTARY OR AGENT	
		by JENNIFER R GUDMUNDSON PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY Allen L. Collins	
		Title Notary DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date 05-15-2007	
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) LORI ANDERSON		BLDG PERMIT OFFICE/PHONE # 360-336-9410		BLDG PERMIT # BP07-0402	
SIGNATURE / POSITION <i>Lori Anderson</i>		PERMIT TECHNICIAN		DATE 3/18/08	

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
NEW	2005	SKYLINE	60 X 42	2T91-0333-T 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 <u>Allen L. Collins</u> Vice-Pres.					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on <u>3-11-08</u>	
		County of <u>Skagit</u>		by <u>Cheryl C. Holmstrom</u> NOTARY OR AGENT	
		by <u>WASHINGTON FEDERAL SAVINGS</u> PRINT NAME OF LEGAL OWNER		Cheryl C. Holmstrom PRINTED NAME OF NOTARY	
by _____ PRINT NAME OF LEGAL OWNER		Cheryl C. Holmstrom		County/Office No. OR	
Title <u>Notary</u>		AND: <u>Dealer No. OR</u> <u>10-15-08</u>		Notary Expiration Date	
DEALERSHIP POSITION/AGENT/NOTARY					
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
LOT 3, "ASSESSOR'S PLAT OF ASHLAND ADDITION, DIVISION NUMBER 1," AS PER PLAT RECORDED IN VOLUME 10 OF PLATS, PAGE 44, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A REPLAT OF THAT CERTAIN PLAT RECORDED IN VOLUME 10 OF PLATS, PAGE 44, RECORDS OF SKAGIT COUNTY, WASHINGTON.					
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>12/4/2007</u>	
PURCHASE PRICE <u>120,000</u>	TAX JURISDICTION/TAX RATE <u>8.3%</u>	DEALER'S AUTHORIZED SIGNATURE <u>Mary K Blair</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>Rusty Lowery</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>		
SIGNATURE <u>Rusty Lowery</u>			DATE <u>3/19/08</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:
If you need special accommodat



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