

RETURN ADDRESS

WASHINGTON FEDERAL SAVINGS

Mount Vernon Office

P.O. Box 639

Mount Vernon, WA 98273



200803190121

Skagit County Auditor

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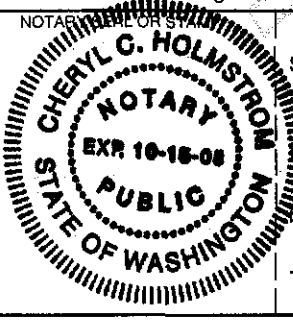
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LAND TITLE OF SKAGIT COUNTY

123458-80

STAT. 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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
NEW	2008	SKYLINE	56 X 28	2191-0151-W AB	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			LEGAL DESCRIPTION ON PAGE 2		
			REAL PROPERTY TAX PARCEL NUMBER 3926-001-0250004		
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
25	1	HOLIDAY HIDEAWAY NO. 1			
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			
WILLIAM A WARD					
NAME OF ADDITIONAL REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ALISA M Y WARD					
ADDRESS		CITY	STATE	ZIP CODE	
77-6128 E Mamalahoa Hwy		Holualoa	HI	96725	
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>William A. Ward</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Alisa M. Y. Ward</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington Hawaii County of Hawaii Signed or attested before me on loose cert. attached			
		by PRINT NAME OF REGISTERED OWNER Signature NOTARY OR AGENT			
		by PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY			
		Title DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR Dealer No. OR 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)		COUNTY BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
LORI ANDERSON SKAGIT PLANNING		360 330 9410		BP07-0077	
SIGNATURE / POSITION		DATE			
<i>Lori Anderson</i>		PERMIT TECHNICIAN		3/18/08	

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER NEW	YEAR 2008	MAKE SKYLINE	LENGTH/WIDTH(FEET) 56 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 2191-0151-W AB	
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 F. Collins</u> 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>1-18-08</u> <u>WASHINGTON FEDERAL SAVINGS</u> Signature <u>Cheryl C Holmstrom</u> PRINT NAME OF LEGAL OWNER NOTARY OR AGENT _____ PRINT NAME OF LEGAL OWNER CHERYL C HOLMSTROM PRINTED NAME OF NOTARY County/Office No. OR Title <u>Notary</u> AND: Dealer No. <u>OR 10-15-08</u> DEALERSHIP POSITION/AGENT/NOTARY <u>Notary Expiration Date</u>			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 25, Block 1, "HOLIDAY HIDEAWAY NO. 1," as per plat recorded in Volume 8 of Plats, pages 36 through 42, inclusive, 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>2/20/2008</u>	
PURCHASE PRICE <u>84,263.05</u>	TAX JURISDICTION/TAX RATE <u>8.0%</u>	DEALER'S AUTHORIZED SIGNATURE <u>Mary K Bain</u>			
<input checked="" 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 a policy of providing equal access to its services. If you need special accommodation,

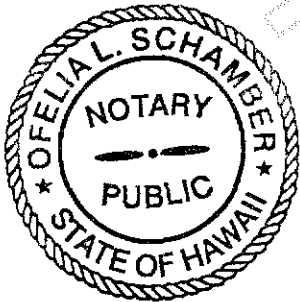


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Skagit County Auditor

STATE OF HAWAII)
)
COUNTY OF HAWAII)

SS.

On this 20th day of December, 2006, before me personally appeared William A. + Alisa M.Y. Ward, to me personally known, who, being by me duly sworn, did say that such persons executed the foregoing instrument as their free act and deed of such person, and if applicable in the capacity shown, having been duly authorized to execute such instrument in such capacity.



Ofelia L. Schamber
OFELIA L. SCHAMBER, Notary Public, State of Hawaii

My commission expires 11/19/2008



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