

200804010071 Skagit County Auditor

4/1/2008 Page

| RETURN | ADDRE | SS    |         |  |
|--------|-------|-------|---------|--|
|        | Land  | Title | Company |  |

P.O. Box 445 Burlington, WA 98233

| 1 of 21 | 12:22PM |
|---------|---------|
|---------|---------|

|  | · ·  |
|--|--|
| Escrow No. 127000-SE   |  |
| LAND TITLE OF SKAGIT COUNTY  |  |
| STATE OF WASHINGTON MANUFACTURE  ICENSING APPLICAT  Anyone who knowingly makes a talse statement of a material for                                 | TON  ITRANSFER IN LOCATION  TREMOVAL FROM REAL PROPERT                                       |
| of a felony, and upon conviction may be punished by a fine, Im   | prisonment, or both. (RCW 46.12.210)   |
| TPO/PLATE NUMBER YEAR MAWEST RidgeNGTH/MIDT  | H(FEET) VEHICLE IDENTIFICATION NUMBER (VIN)  |
| 2008   Skyline   60 <b>X</b>   | 28 12 F91-0308-W   |
| 2 LAND   | LEGAL DESCRIPTION ON PAGE  |
| MANUFACTURED HOME WILL BE   □ AFFIXED □ REMOV  | ED REAL PROPERTY TAX PARCEL NUMBER 3910-000-010-0209   |
| LOT BLOCK PLAT NAME  10 Everett's Fert   | section/township/hange   |
| GRANTOR(S) REGISTERED/LEGALOWNER(S) COUNTY NUMBER OF REGISTERED  | ADDITIONAL NAMES ON PAGE   |
| Nomber of Hedistered   | OWNERS NUMBER OF LEGAL OWNERS  1   |
| NAME OF REGISTERED OWNER Michael Dean Metcalf  |  |
| NAME OF ADDITIONAL REGISTERED OWNER  |  |
| Rhonda Lynn Metcalf  |  |
| ADDRESS 44219 Leonard Road Co  | ncrete WA 98237  |
| NAME OF LEGAL OWNER  | increte wa 90237   |
| Washington Federal Savings   |  |
| NAME OF AUDITIONAL LEGAL OWNER   |  |
| ADDRESS CITY   | STATE ZIP CODE   |
| 1501 Riverside Drive Mou   | nt Vernon WA 98273   |
| NAME   |  |
| I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THA VEHICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE | Michael Don Matter   |
| Signature of Additional Registered Owner and Title, IF APPLICABLE  | CATION FOR REGISTERED OWNER(S) SIGNATURE   |
| State of Washington County of Skagit   | Signed or attested before me on 3/24/08  |
| by Michael Dean Metca  |  |
| by Rhonda Lynn Metca.  | lf Anneliese Maria Farrell   |
| Title Notary DEALERSHIP POSITION/AGENT/NOTA  | County/Office No. 08  AND: Dealer No. 086/28/08  Notary Expiration Date                      |
| TITLE COMPANY CERTIFICATION  |  |
| certify that the legal description of the land and ownership is true and<br>NAME (TYPED OR PRINTED)  | d correct per the real property records.  TITLE COMPANY / PHONE NUMBER                       |
| Anneliese Maria Farrell  | Land Title Company/360-707-2312  |
| The cerese in the first  | O/Escrow Officer 3/24/08   |
| Finalize this application with a Licensing Agent within 10 calend  5 BUILDING PERMIT OFFICE CERTIFICATION  | ar days of the date Title Company Representative signs.                                      |
| Leartify that  | he real property as described.<br>pose and the attachment will be inspected upon completion. |
|  | CE/PHONE # 360 336 - BLDG PERMIT #   |

| 200  | and the second s |                      |                       |                        |                          |  |                   |  |   |                 |
|--|--|----------------------|-----------------------|------------------------|--------------------------|--|-------------------|--|---|-----------------|
| C CICNATU  | BE OE LE   | GALOW                | MED.                  |                        |                          |  |                   |  |   |                 |
| SIGNATU  |  | 9 9 57               |                       | TEO 0011               |                          | TI MANUATION   | V OF TIT          | LE (DEMOVA   | L EDOM DEAL   | PROPERTY        |
|  |  |                      |                       |                        |                          |  |                   |  | L FROM REAL   | PROPERTY.       |
| Sig  | nature of L  | .egal Own            | er and Tit            | le, IF APPI            | ICABLE _                 | Alla   | _ F               | Colle  | ens Vic   | e Pres.         |
| Signature of A   | Additional L   | egal Own             | erand Tit             | ~                      |                          |  |                   |  |   |                 |
| NOTARY SE  |  | MP                   | · Service Service     | NOTARI                 | ZATION/CE                | RTIFICATIO   | NFORL             | EGAL OWNE  | R(S) SIGNATUR   | iE              |
| Signature of A   | C. Ho  | MSIN                 | State of W            | ashington<br>County of | 58                       | agit   |                   | Signed or attes<br>before me                                     |   | 7-08            |
| NOTARY SE NOTARY | XP 10-15   | 2                    | WASI<br>PRINT         | INGTON                 |                          | SAVING   | <u>GS</u> Sign    | ature NOTARY   | d Holm  | istion          |
|  | PUBLIC   |                      | ODINIT N              | IÀME OF LEC            | AL OWNER                 |  |                   | reryl C.   | Holmstrom   | [               |
|  | ******   |                      | e emilio              | all March              | IAL OWNER                |  |                   |  | y/Office No. OR   | اعدده           |
| 1///////   | WASY   | MAININE.             | TitleP                | Notary<br>RSHIP POSIT  | ION/AGENT/NC             | TARY   | , <del></del>     |  | Dealer No. OR Expiration Date   | 7-00            |
| 7 LAND DES   | SCRIPTIC   | N (A lega            | l descrip             | tion of the            | land can b               | e obtained f   | rom the           | local County   | Assessor's Offi   | ce              |
|  |  |                      |                       |                        |                          |  | ·                 |  |   |                 |
| The Nort   | th 150   | Feet                 | of Lot                |                        |                          |  |                   |  | per plat  |                 |
| recorded   | i in Vo  | olume                | 7 of P                | lats,                  | pages 1                  | 6 and 1  | , rec             | ords of  | Skagit Cou  | inty,           |
| Washingt   |  |                      |                       |                        |                          |  |                   |  |   |                 |
| Together   | r with   | a roa                | dway e                | asemen                 | t over                   | the East   | 20 f              | eet of s   | aid Lot 10  | ).              |
| Situate  | in the   | e Coun               | ty of                 | Skagit                 | , State                  | of Wash  | ningto            | n.   |   |                 |
|  |  |                      | -                     |                        |                          | all the state of t |                   |  |   |                 |
|  |  |                      |                       |                        |                          | Service Control  |                   |  |   |                 |
| 8 DEALER   | SBEPOR   | TOFSAL               | E                     |                        |                          |  | <del>/ /</del>    |  |   |                 |
| I CERTIFY  | THAT THI   | S INFORM             | ATION I               |                        |                          | HICLE IS CLI   | EAROF             | ENCUMBRAN  | CES EXCEPT A  | S SHOWN.        |
| DEALER NAME (T   |  |                      | NAS DEE               | NCOLLE                 | CIED.                    |  | WA DEAL           | ER NUMBER  | DATE OF SAI   | -E,             |
| Coach Co   |  |                      |                       |                        |                          | 7  | 42                | 7 <i>8</i>   | 3/28/   | 108             |
| PURCHASE PRIC  |  |                      | RISDICTION            | /TAX RATE              | DEALER'S AL              | THORIZED SIGI  | NATURE            |  |   |                 |
| 189,90   | 00   | 2K                   | ACIT.                 | 8.0                    |                          | age!   | 14/1              |  |   | ļ               |
|  |  | MPT Sale             | e to a Cert           | ified Tribal           | member on                | the reservation  | n (attach         | notarized state  | ement of delivery   | ').             |
| 9 COUNTY   |  |                      |                       |                        |                          |  |                   |  |   |                 |
|  | above app  | olication ap         | _                     | _                      |                          |  |                   |  | t documentation t   | to proceed with |
| NAME (TYPED OF   |  |                      |                       |                        |                          |  | COUNTY            | OFFICENTS OPE  | RATOR NUMBER  |                 |
|  |  | You                  | (A \                  | ANG                    |                          |  | 9                 | 2901/2   | S   |                 |
| SIGNATURE  | <del>/                                    </del>   | V                    |                       |                        |                          | 1 _  | 1                 |  | DATE  | P/              |
|  |  | 1                    | The                   | $\sim$                 | 2901                     | 125  |                   | The Wales  | 4-1   | -88             |
| 10 TITLE FE  | ES   | -11                  | <i>V</i>              | 7                      |                          |  |                   | The same   |   |                 |
| FILING FEE   |  | PLICATION            |                       | MOBILE HO              | ME FEE                   | ELIMINATION  | FEE               | USE TAX  | SUBAGI  | ENT FEES        |
|  |  |                      |                       | <u> </u>               | <u> </u>                 |  |                   |  | TOTAL   | FEES & TAX      |
|  |  |                      |                       |                        |                          |  |                   |  | The second section of |                 |
| IMPORT   | TANT:  | Licensi<br>Retain    | ng Office<br>proof of | e, take yo<br>the reco | our applica<br>ding fees | tion form to<br>paid. If the   | the Co<br>Recordi | ty Auditor / V<br>unty Recordi<br>ng Office ret<br>of the record | ng Office.  |                 |
|  | APPLIC   | ANTS:                | Manufa                | actured H              | ome Appli                |  | ng all re         | Licensing of<br>equired fees.                                    | fice to file the<br>Vehicle   |                 |
| Fo<br>or   | r full inst<br>Transfer  | ructions<br>in Locat | on comp<br>ion, see   | oleting thi            | s form for 420-730,      | Title Elimina<br>Manufacture   | ation, Re         | emoval from<br>e Application                                     | Real Property<br>Instructions.  |                 |

The Department of Licensing has a policy of providing equal access to its services if you need special accommodation, please col/2001

4/1/2008 Page

