



200804030108

Skagit County Auditor

RETURN ADDRESS

Wells Fargo Escrow
1509-A Riverside Dr.
Mount Vernon, WA 98273

4/3/2008 Page

1 of

2 11:05AM

02-05613-KS

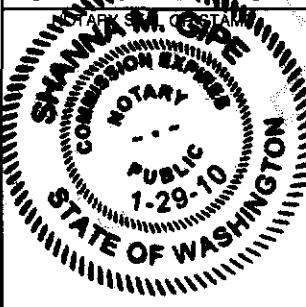
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a 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)	
	2004	Skyline	68 X 42	2T91-0127-T-ABE	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 390415-2-910-0200					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
2		SP# PLDS-0068		15-35-4	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2		1		
NAME OF REGISTERED OWNER Jeff D Boonstra					
NAME OF ADDITIONAL REGISTERED OWNER Tera L Boonstra					
ADDRESS CITY STATE ZIP CODE					
8352 Collins Rd. Snohomish WA 98284					
NAME OF LEGAL OWNER Wells Fargo Bank, N.A.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE					
600 - 108th Ave NE Bellevue WA 98004					
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 Jeff D Boonstra					
Signature of Additional Registered Owner and Title, IF APPLICABLE Tera L Boonstra					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
NOTARY SEAL OR STAMP KIM M. SMITH COMMISSION EXPIRES NOTARY PUBLIC 12-15-2009 STATE OF WASHINGTON		State of Washington County of Skagit Signed or attested before me on 12/22/08 Signature Kim M. Smith NOTARY OR AGENT Kim M. Smith PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR 12/15/09 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 #	
LORI ANDERSON		SKAGIT COUNTY PLANNING 9410		BP06-0686	
SIGNATURE / POSITION		DATE			
Lori Anderson		PERMIT TECHNICIAN		12/10/07	

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 Cylena Branch manager

Signature of Legal Owner and Title, IF APPLICABLE

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington Skagit
County of Wells Fargo, WASigned or attested
before me on 10/15/07by Cindy Pena Branch mgr.
PRINT NAME OF LEGAL OWNERSignature [Signature]
NOTARY OR AGENTby Shanna M. Gipe
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title Notary Public
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR 11/29/10
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Acreage Account, Acres 1.00, PR 14 Lot 2
Short Plat # PLO5-0068 AF # 200511220113
Located in SE 1/4 NW 1/4

8 DEALER'S REPORT OF SALEI 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)
CORRAL INC.WA DEALER NUMBER
4278DATE OF SALE
11/16/06PURCHASE PRICE
148,006.20TAX JURISDICTION/TAX RATE
8%DEALER'S AUTHORIZED SIGNATURE
[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)

COUNTY OFFICE/VFS OPERATOR NUMBER

SIGNATURE YOUNG VANG
[Signature]2901/25DATE
4-3-08**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



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