

RETURN ADDRESS

WASHINGTON FEDERAL SAVINGS

Mount Vernon Office

PO Box 639

Mount Vernon, WA 98273



200804230109

Skagit County Auditor

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337786-8 Land Title #127929-S

LAND TITLE OF SKAGIT COUNTY

MANUFACTURED HOME
APPLICATION

PLEASE CHECK ONE

☒ TITLE ELIMINATION☐ TRANSFER IN LOCATION☐ 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)
NEW	2008	FLEETWOOD	44 X 28	ORFL848A32079-MB13

2 LAND

LEGAL DESCRIPTION ON PAGE 3

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER
P22872 & P22869

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
		S28-T34N-R3E WM	NE 1/4 of the SW 1/4

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE 1

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
029	2	1

NAME OF REGISTERED OWNER DOL CUSTOMER ACCOUNT NUMBER

WILLIAM R PAYNE

NAME OF ADDITIONAL REGISTERED OWNER DOL CUSTOMER ACCOUNT NUMBER

SUSAN M PAYNE

ADDRESS CITY STATE ZIP CODE

16673 BEST RD

MOUNT VERNON

WA 98273

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

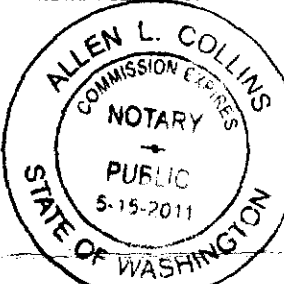
NAME

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

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 SkagitSigned or attested
before me on 12-19-07by WILLIAM R PAYNE
PRINT NAME OF REGISTERED OWNERSignature Allen L. Collins
NOTARY OR AGENTby SUSAN M PAYNE
PRINT NAME OF REGISTERED OWNERAllen L. Collins
PRINTED NAME OF NOTARYTitle Notary
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR
Notary Expiration Date 05-15-2011

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: ☒ the manufactured home has been affixed to the real property as described.
☐ 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 # 360-336-9410

BLDG PERMIT #

LORI ANDERSON SKAGIT COUNTY PLANNING

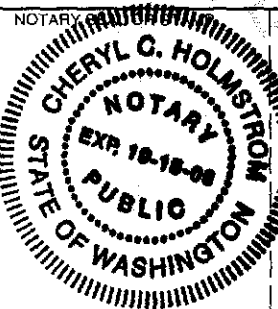
BP07-1346

SIGNATURE / POSITION

DATE

Lori Anderson PERMIT TECHNICIAN

4-17-08

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER NEW	YEAR 2008	MAKE FLEETWOOD	LENGTH/WIDTH(FEET) 44 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) ORFL848A32079-MB13	
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 J. 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>4-10-08</u>	
		WASHINGTON FEDERAL SAVINGS PRINT NAME OF LEGAL OWNER _____		Signature <u>Cheryl C Holmstrom</u> NOTARY OR AGENT	
		_____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <u>Cheryl C Holmstrom</u>	
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR _____ Dealer No. OR <u>10-15-08</u> Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Abbreviated Legal: Ptn SW 1/4, 28-34-3 E W.M.					
SEE ATTACHMENT FOR THE COMPLETE LEGAL DESCRIPTION.					
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>3/6/2008</u>	
PURCHASE PRICE <u>61,862</u>	TAX JURISDICTION/TAX RATE <u>8.0%</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>Kirsty Lowrey</u>		COUNTY OFFICE/VFS OPERATOR NUMBER <u>2910108</u>			
SIGNATURE <u>Kirsty Lowrey</u>		DATE <u>4/23/08</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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MANUFACTURED HOME APPLICATION ADDITIONAL ATTACHMENT

Legal Description of Land

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK THE TYPE OF APPLICATION:

- ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

LAND: **PROPERTY TAX PARCEL NUMBER:** P22872 & P22869
LEGAL DESCRIPTION:

PARCEL "A":

The Northwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 28, Township 34 North, Range 3 East, W.M.,

EXCEPT Best Road along the West line of said premises.

Situate in the County of Skagit, State of Washington.

PARCEL "B":

The Northeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 28, Township 34 North, Range 3 East W.M.,

TOGETHER WITH an easement for ingress, egress and utilities over, under and across the North 30 feet of the Northwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of said Section 28, Township 34 North, Range 3 East, W.M.

Situate in the County of Skagit, State of Washington.



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