

AFTER RECORDING MAIL TO:

Anthony & Shirley Chance
451 North Regent Street
Burlington, WA 98233



200804290146
Skagit County Auditor

4/29/2008 Page 1 of 2 11:51AM

Filed for Record at Request of:
First American Title Insurance Company

Space above this line for Record only

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)	
%126320	1995	LIBER	40 X 28	09L29200XU	
2 LAND					
MANUFACTURED HOME WILL BE			LEGAL DESCRIPTION ON PAGE 2		
<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 4076-014-004-0100 P104057		
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
1-4	14	Amended Plat of Burnington,			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2			
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Anthony L Chance					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Shirley A Chance					
ADDRESS				CITY	STATE ZIP CODE
451 North Regent Street, Burlington, WA 98223					
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY		STATE	ZIP CODE
1615 Buck Way Ste B		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>Anthony L Chance</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Shirley A Chance</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
NOTARY SEAL OR STAMP		State of Washington County of Snohomish		Signed or attested before me on 3/21/08	
		by Anthony L Chance		Signature <i>[Signature]</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by Shirley A Chance			
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		Title Notary		County/Office No. OR 10/29/09	
		DEALERSHIP POSITION/AGENT/NOTARY		AND 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		
Tara Sydow, First American Title Insurance Company			(360)653-1515		
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 checked="" 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 #	
James Sherwood		360-755-0077		90985	
SIGNATURE/POSITION				DATE	
<i>[Signature]</i> Building Official					

MANUFACTURED HOME - FROM SECTION 1					
TPO/PLATE NUMBER 96126320	YEAR 1995	MAKE LIBER	LENGTH/WIDTH (FEET) 40 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 09L29200XU	
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			<i>[Signature]</i>		
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 3/26/08	
County of Snohomish		Signature <i>[Signature]</i>		NOTARY OR AGENT	
by Penny Grafts Ops. Support Mgr. of Golf Savings Bank		PRINT NAME OF LEGAL OWNER		by Rebecca P. Laigo Willis	
by _____		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
Title Notary		AND Dealer No. OR 12-3-2011		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 A Burlington Short Plat No. B-3-93, approved October 28, 1993, recorded November 17, 1993 in Book 11 of Short Plats, page 21 under Auditor's File No. 931117077 and being a portion of Lots 1 through 4, Block 14, "Amended Plat of Burlington, Skagit County, Wash." as per Plat recoded in Volume 3 of Plats, page 17, records of Skagit County, Washington.					
8 DEALER'S REPORT OF SALE					
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR O ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.					
DEALER NAME (TYPED OR PRINTED)		WA DEALER NUMBER	DATE OF SALE		
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<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) Gabrielle Clay			COUNTY OFFICE/VFS OPERATOR NUMBER 2901-27		
SIGNATURE <i>[Signature]</i>			DATE 4-29-08		
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, please call (360) 902-3600 or TDD (360) 664-8885.



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