

RETURN ADDRESS

Mr. and Mrs. Gavin Murray

6330 Mountin View Lane

Anacortes, WA 98221

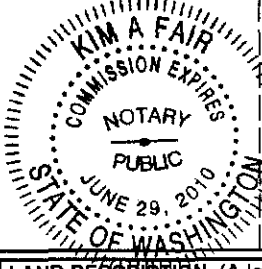
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Skagit County Auditor

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LAND TITLE OF SKAGIT COUNTY

WASHINGTON STATE 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 %091449	YEAR 1994	MAKE FLTWD	LENGTH/WIDTH(FEET) 66 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) ORFLP48AB17345BS	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER P113210/3918-000-011-0000	
LOT Tr. B	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Funk & Kellers Campbell Lake Trs.		QUARTER/QUARTER SECTION	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1	
NAME OF REGISTERED OWNER Gavin J. Murray				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER Michelle Murray				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 6330 Mountain View Lane, Anacortes, WA 98221		CITY Anacortes		STATE ZIP CODE WA 98221	
NAME OF LEGAL OWNER Washington Federal Savings				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 1017 Commercial Avenue		CITY Anacortes		STATE ZIP CODE WA 98221	
GRANTEE					
NAME Gavin J. Murray and Michelle Murray					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: <i>Gavin J. Murray</i> Signature of Registered Owner and Title, IF APPLICABLE Gavin J. Murray Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Michelle Murray</i>					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of Washington Signed or attested before me on 7-25-08 by Michelle Murray PRINT NAME OF REGISTERED OWNER by PRINT NAME OF REGISTERED OWNER Title Notary DEALERSHIP POSITION/AGENT/NOTARY AND: Jennifer J. Lind PRINTED NAME OF NOTARY County/Office No. OR 10/01/2010 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) Sherla Dant Skagit County Planning & Development			BLDG PERMIT OFFICE/PHONE #360-338-9410 BLDG PERMIT # 8906-1109		
SIGNATURE / POSITION Support Services Technician			DATE 08-07-08		

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER %091449	YEAR 1994	MAKE FLTWD	LENGTH/WIDTH(FEET) 66 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) ORFLP48AB17345BS	
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>MARLA VALLEE, VICE PRES & MANAGER</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Marla Vallee</u>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington _____ County of <u>SKAGIT</u> Signed or attested before me on <u>07/30/08</u> Signature <u>Kim A Fair</u> NOTARY OR AGENT <u>KIM A FAIR</u> PRINTED NAME OF NOTARY County/Office No. OR _____ Dealer No. OR <u>06/29/10</u> Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Tract B, "FUNK AND KELLERS CAMPBELL LAKE TRACTS, SUBDIVISION NO. 1," as per plat recorded in Volume 8 of Plats, pages 80 and 81, 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)			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) <u>Gabrielle Clay</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-27</u>		
SIGNATURE <u>Gabrielle Clay</u>			DATE <u>8-28-08</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.

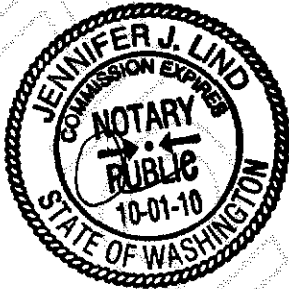


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STATE OF Washington
COUNTY OF Skagit } SS:

On this 25th day of July 2008 before me personally appeared _____
Michelle Murray, to me known to be the individual described in and
who executed the foregoing instrument _____ as Attorney in Fact for
Gavin J. Murray and acknowledged that she signed and
sealed the same as his free and voluntary act and deed as Attorney in Fact for said principal for the
uses and purposes therein mentioned, and on oath stated that the Power of Attorney authorizing the execution
of this instrument has not been revoked and that the said principal is now living, and is not incompetent.

Given under my hand and official seal the day and year last above written.
(Seal)



Jennifer J. Lind
Notary Public in and for the State of Washington
Residing at Bow
My appointment expires: 10/01/2010



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