

RETURN ADDRESS

WASHINGTON FEDERAL SAVINGS
 Mount Vernon Office
 Po Box 639
 Mount Vernon WA 98273



200810240066
 Skagit County Auditor

10/24/2008 Page 1 of 211:27AM

CHICAGO TITLE CO. 1C4589Z

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	Palm Harbor	48 X 27	PH20-0545 AB

2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 3990-000-037-0002

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
37		SAMISH RIVER PARK DIV NO 1	

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE

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

NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
SANDRA D WALTON	
NAME OF ADDITIONAL REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE
7031 DRIFTIN LANE	BURLINGTON	WA	98233
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: *Sandra D. Walton*

Signature of Additional Registered Owner and Title, IF APPLICABLE:

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

NOTARY SEAL OR STAMP: ALLEN L. COLLINS, COMMISSION EXPIRES 5-15-2011, NOTARY PUBLIC, STATE OF WASHINGTON

State of Washington County of Skagit Signed or attested before me on 6-18-08

by Sandra D. Walton PRINT NAME OF REGISTERED OWNER Signature: *Allen L. Collins* NOTARY OR AGENT

by Allen L. Collins PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY: Allen L. Collins

Title: Notary Public AND: County/Office No. OR Dealer No. OR Notary Expiration Date: 5-15-2011

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 #	BLDG PERMIT #
Cindy Gauthier	360-336-9410	8P08-0516
SIGNATURE / POSITION	DATE	
<i>Cindy Gauthier</i> Skagit County Planning & Development	10/20/08	

MANUFACTURED HOME - FROM SECTION 1

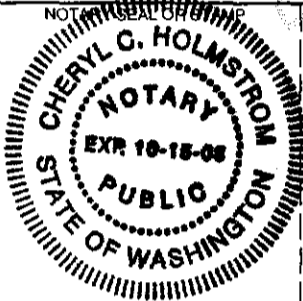
TPO / PLATE NUMBER NEW	YEAR 2008	MAKE Palm Harbor	LENGTH/WIDTH (FEET) 48 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) PH20-9545 AB
----------------------------------	---------------------	----------------------------	---------------------------------------	------------------------------------------------------------

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 Allen J. Collins, vice - President

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>9-19-08</u>
	by <u>WASHINGTON FEDERAL SAVINGS</u> PRINT NAME OF LEGAL OWNER	Signature <u>Cheryl C Holmstrom</u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Cheryl C Holmstrom</u> County/Office No. OR Dealer No. OR <u>10-15-08</u> AND: Notary Expiration Date

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

LOT 37, SAMISH RIVER PARK DIVISION NO. 1, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGES 43 AND 44, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN SKAGIT COUNTY, 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) <u>Cochs Caral Inc.</u>	WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>9/19/2008</u>
PURCHASE PRICE <u>57,346</u>	TAX JURISDICTION/TAX RATE <u>8.0%</u>	DEALER'S AUTHORIZED SIGNATURE <u>Mark 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>Kristy Lewery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>Kristy Lewery</u>	DATE <u>10/24/08</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

