

RETURN ADDRESS

WASHINGTON FEDERAL SAVINGS

PO Box 527

Burlington, Wa 98233



200811130034  
Skagit County Auditor

11/13/2008 Page 1 of 2 10:56AM

**STATE OF WASHINGTON**  
Department of  
**Licensing**

**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)
	2008	Fleetwood	70 X 27	ORFL84832412-AE13

**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
4572-000-013-0002

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
13		Wilida Mt. View Est.	

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

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

NAME OF REGISTERED OWNER  
Jason C Roman

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE  
16103 Mountain View Rd Mount Vernon Wa 98274

NAME OF LEGAL OWNER  
Washington Federal Savings

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE  
425 Pike St Seattle Wa 98101

**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 Skagit Signed or attested before me on 10/22/08

by Jason C Roman Signature Doreen K Nystrom  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by \_\_\_\_\_ Signature Doreen K Nystrom  
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title \_\_\_\_\_ AND: County/Office No. OR Dealer No. OR Notary Expiration Date 3/10/10  
DEALERSHIP POSITION/AGENT/NOTARY

**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 BPO8-0498

SIGNATURE / POSITION DATE  
Cindy Gauthier Skagit County Planning & Development 11-13-08

**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 Doreen Nystrom  
 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 10/22/08  
 County of Skagit

by Washington Federal Savings Signature Jeanne M Aungst  
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by Doreen Nystrom, Branch Mgr Jeanne M Aungst  
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title \_\_\_\_\_ AND: County/Office No. OR 11/13/10  
DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR Notary Expiration Date

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

Lot 13, "Wilida Mountain View Estates," as per Plat recorded in Volume 15 of Plats, Pages 20 through 22, inclusive, 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) <u>Cooch Corral Inc.</u>	WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>10/22/2008</u>
PURCHASE PRICE <u>135,135</u>	TAX JURISDICTION/TAX RATE <u>8.09%</u>	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</u>

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>S. King</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290133</u>
SIGNATURE <u>[Signature]</u>	DATE <u>11.13.08</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 Licensr  
 If you need special accomr

