

RETURN ADDRESS

WASHINGTON FEDERAL SAVINGS
 PO BOX 527
 BURLINGTON, WA 98233



200811130035
 Skagit County Auditor

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

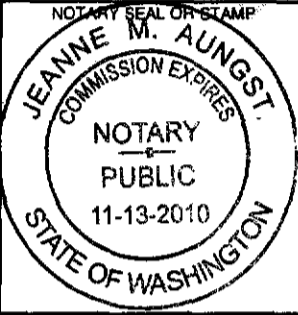
		<h2 style="margin: 0;">MANUFACTURED HOME APPLICATION</h2>		PLEASE CHECK ONE <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a material fact is guilty 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)	
	2008	Marlette	52' X 27'	HER0267710KAB	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE			<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 360407-4-013-0200
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
		Skagit County SP#13-82	7/36N/4 E		
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					
Richard A Gillingham					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 244		Anacortes	Wa	98221	
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		Signed or attested	
		County of Skagit		before me on 10/24/08	
		by Richard A Gillingham		Signature	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
by _____		Doreen K Nystrom		PRINTED NAME OF NOTARY	
PRINT NAME OF REGISTERED OWNER		AND: County/Office No. OR 3/10/10		Dealer No. OR	
Title _____		AND: Notary Expiration Date		Notary Expiration Date	
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: <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 #	
Cindy Gauthier		360-336-9410		BP08-0529	
SIGNATURE / POSITION		skagit County Planning & Development		DATE	
				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 County of Skagit Signed or attested before me on 10/24/08

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

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

Title _____ **AND:** County/Office No. OR 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)

Parcel A:
 Tract 2, Skagit County Short Plat No. 13-82, located in Section 7, Township 36 North, Range 4 East of the Willamette Meridian, approved June 18, 1982 and recorded in Volume 5 of Short Plats, page 199, under Auditor's File No. 8206210010, records of Skagit County, Washington. Situated in Skagit County, Washington.

Parcel B:
 Together with a non-exclusive easement over existing road through Tract one and a portion of Section 7, to Old Highway 99. 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>Heritage Home Center</u>	WA DEALER NUMBER <u>4872</u>	DATE OF SALE <u>8-26-08</u>
PURCHASE PRICE <u>69,540</u>	TAX JURISDICTION/TAX RATE <u>3105/8.6</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 Licensing has
 If you need special accommodations



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