

RETURN ADDRESS

GAIL LOGSDON AND DIANE LOGSDON

22607 LITTLE MOUNTAIN ROAD
MOUNT VERNON, WA. 98274



200812300139

Skagit County Auditor

12/30/2008 Page 1 of 3 3:25PM

WASHINGTON STATE 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)	
8166414	2000	SLVRC	39 X 58	17711543ABC	
2 LAND LEGAL DESCRIPTION ON PAGE 3					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER	
				P125022,340435-4-003-0400	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
1		SHORTPLAT NO.PL 04-0850			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
29	2		same as registered		
NAME OF REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
GAIL LOGSDON					
NAME OF ADDITIONAL REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
DIANE LOGSDON					
ADDRESS	CITY	STATE	ZIP CODE		
22607 LITTLE MOUNTAIN RD.	MOUNT VERNON	WA	98274		
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
SAME AS REGISTERED OWNERS					
NAME OF ADDITIONAL LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ADDRESS	CITY	STATE	ZIP CODE		
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>See Below *</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>See Below *</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <i>Skagit</i> Signed or attested before me on <i>12-17-08</i>			
		by <i>Gail Logsdon</i> Signature <i>Sandra D. Olson</i>			
		PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT			
		DIANE LOGSDON <i>Sandra D. Olson</i>			
		PRINT NAME OF REGISTERED OWNER			
		Title <i>NOTARY</i> AND: County/Office No. OR <i>Skagit</i>			
		DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR Notary Expiration Date <i>2-20-2011</i>			
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			
<i>SANDER OLSON</i>		GUARDIAN NORTHWEST TITLE			
SIGNATURE / POSITION		DATE			
<i>S. Escrow/Closer</i>		<i>12-17-08</i>			
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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
<i>LORI ANDERSON</i>		<i>SKAGIT COUNTY PLANNING 360-336-9410</i>		<i>99-1423</i>	
SIGNATURE / POSITION		DATE			
<i>Lori Anderson</i>		<i>PERMIT TECHNICIAN</i>		<i>12/19/08</i>	

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER 6166414	YEAR 2000	MAKE SLVRC	LENGTH/WIDTH(FEET) 39 X 58	VEHICLE IDENTIFICATION NUMBER (VIN) 17711543ABC	
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 _____					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington County of _____ Signed or attested before me on _____			
		by <u>GAIL LOGSDON</u> Signature _____ PRINT NAME OF LEGAL OWNER NOTARY OR AGENT			
		by <u>DIANE LOGSDON</u> Signature _____ PRINT NAME OF LEGAL OWNER NOTARY OR AGENT			
		Title _____ AND: County/Office No. OR Dealer No. OR DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
LOT 1, SHORT PLAT NO. PL-04-0850					
COMPLETE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"					
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)		COUNTY OFFICE/FS OPERATOR NUMBER			
YOUA VANG		2901/25			
SIGNATURE		DATE			
<u>[Signature]</u>		12-30-08			
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 TTY (360) 664-8885.



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EXHIBIT "A"

Lot 1, as delineated on Short Plat No. PL-04-0850 as approved on September 12, 2006 and recorded on September 14, 2006 under Auditor's File No. 200609140032, records of Skagit County, Washington; being a portion of the Northeast ¼ of the Southeast ¼ of Section 35, Township 34 North, Range 4 East, W.M..

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities as delineated on said Short Plat No. PL-04-0850.



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