



201005060082

Skagit County Auditor

5/6/2010 Page

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2 4:15PM

RETURN ADDRESS

WELLS FARGO ESCROW
730 S. BURLINGTON BLVD
BURLINGTON, WA 98233

04-02530-09

WASHINGTON STATE DEPARTMENT OF LICENSING		Manufactured Home Application		PLEASE CHECK ONE	
				<input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input checked="" 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 n/a	YEAR 1989	MAKE Redman	LENGTH/WIDTH(FEET) 48 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 11813145	
2 LAND		LEGAL DESCRIPTION ON PAGE			
MANUFACTURED HOME WILL BE		<input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER P27894	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Section 26 Township 34 Range 4		QUARTER/QUARTER SECTION NE 1/4 of NE 1/4 of SW 1/4	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)			ADDITIONAL NAMES ON PAGE 0		
COUNTY NUMBER 340426-3-001-0009		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 2	
NAME OF REGISTERED OWNER Small, Patricia A.				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER Small, Michael J.				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 16503 South Andal Road		CITY Mount Vernon		STATE ZIP CODE WA 98274	
NAME OF LEGAL OWNER Small, Patricia A.				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER Small, Michael J.				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 16503 S. Andal Road		CITY Mount Vernon		STATE ZIP CODE WA 98274	
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>Patricia Small</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Michael J. Small</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of SKAGIT		Signed or attested before me on 5/5/10			
by PATRICIA A. SMALL PRINT NAME OF REGISTERED OWNER		Signature <i>[Signature]</i> NOTARY OF AGENT			
by MICHAEL J. SMALL PRINT NAME OF REGISTERED OWNER		TAMMY ANN LIBBY PRINTED NAME OF NOTARY			
Title NOTARY DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR 1-11-2014 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) BILL RONHAAR		TITLE COMPANY / PHONE NUMBER LAND TITLE + ESCROW		DATE 5/5/10	
SIGNATURE / POSITION <i>[Signature]</i>		707-2158			
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 #	
SIGNATURE / POSITION				DATE	

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER n/a	YEAR 1989	MAKE Redman	LENGTH/WIDTH(FEET) 48 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 11813145

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 *Patricia A. Small*

Signature of Additional Legal Owner and Title, IF APPLICABLE *Michael J. Small*

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>SKAGIT</u>	Signed or attested before me on <u>5/5/10</u>
	by <u>PATRICIA A. SMALL</u> PRINT NAME OF LEGAL OWNER	Signature <i>[Signature]</i> NOTARY OR AGENT
	by <u>MICHAEL J. SMALL</u> PRINT NAME OF LEGAL OWNER	<u>TAMMY ANN LIBBY</u> PRINTED NAME OF NOTARY
Title <u>NOTARY</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>1-11-2014</u> Notary Expiration Date	

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

(TITLE ELIMINATION) INCLUDING MANUFACTURED HOME 1989 REDMAN WYNNEWOOD 48x28 SERIAL NUMBER 11813145 THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 26 TOWNSHIP 34 RANGE 4 AND ALSO EXCEPT COUNTY ROAD ALONG THE WEST LINE THEREOF AND ALSO EXCEPT THE WEST 278.7 FEET OF THE SOUTH 208.7 FEET OF THAT PORTION OF NE 1/4 NE 1/4 SE 1/4 LYING EAST OF THE COUNTY ROAD

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

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) <i>Shannon King</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-33</u>
SIGNATURE <i>[Signature]</i>	DATE <u>5-6-10</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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