

RETURN ADDRESS

WASHINGTON FEDERAL SAVINGS

PO BOX 527

BURLINGTON, WA 98233

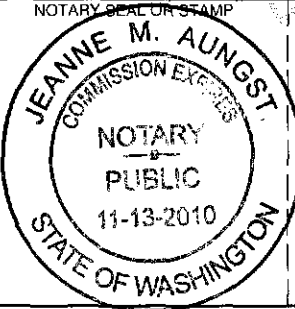


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Skagit County Auditor

8/12/2010 Page 1 of 2 12:43PM

STATE OF WASHINGTON 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)	
	2001	Liberty	X	09L342G0XUP	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 360435-3-007-0200					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
1		Skagit County S/P PL06-0351			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2		1		
NAME OF REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER		
Matthew M Mahaffie			MAHAFFMM225NT		
NAME OF ADDITIONAL REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER		
Heather A Mahaffie			MAHAFFHA220JB		
ADDRESS		CITY	STATE		ZIP CODE
935 E. Rio Vista Ave		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
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 <i>Matthew M. Mahaffie</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Heather A. Mahaffie</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
NOTARY PUBLIC DOREEN K. NYSTROM EXPRES 3/10/14 STATE OF WASHINGTON		State of Washington County of Skagit		Signed or attested before me on 6/25/10	
		by Matthew M Mahaffie PRINT NAME OF REGISTERED OWNER		Signature <i>Doreen K. Nystrom</i> NOTARY OR AGENT	
		by Heather A Mahaffie PRINT NAME OF REGISTERED OWNER		Doreen K. Nystrom PRINTED NAME OF NOTARY	
		Title Notary DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR 3-10-14 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)			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 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 #	
LORI ANDERSON		SKAGIT COUNTY PLANNING 940		BPD09-0314	
SIGNATURE / POSITION		DATE			
<i>Lori Anderson</i>		8/12/10			
PERMIT TECHNICIAN					

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2001	Liberty	X	09L34260XUP
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 <u>Dou Nystrom</u>				
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>6/25/10</u> by <u>Washington Federal Savings</u> Signature <u>Jeanne M Aungst</u> <small>PRINT NAME OF LEGAL OWNER NOTARY OR AGENT</small> by _____ Signature <u>Jeanne M Aungst</u> <small>PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY</small> Title <u>Notary</u> AND: County/Office No. OR <small>DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR</small> <u>11/13/10</u> <small>Notary Expiration Date</small>		
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)				
Lot 1, SKAGIT COUNTY SHORT PLAT NO. PL06-0351, as approved October 30, 2006, and recorded October 31, 2006, under Auditor's File No. 200610310204, records of Skagit County, Washington; being a portion of the Southwest Quarter of the Southwest Quarter of Section 35, Township 36 North, Range 4 East of the Willamette Meridian. 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)		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/VFS OPERATOR NUMBER		
<u>Kirsty Lowery</u>		<u>290108</u>		
SIGNATURE		DATE		
<u>Kirsty Lowery</u>		<u>8/12/10</u>		
10 TITLE FEES				
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX
				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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