

RETURN ADDRESS

Wells Fargo Escrow
 1509 A Riverside Drive
 Mount Vernon, WA 98273
 730 S. Burlington Blvd.
 Burlington, WA 98233



201010260072
 Skagit County Auditor

10/26/2010 Page 1 of 2 1:45PM

STATE OF WASHINGTON Department of LICENSING **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**

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) 92840

1 MANUFACTURED HOME GUARDIAN NORTHWEST TITLE CO
 TPO / PLATE NUMBER ORE503483 YEAR 2007 MAKE FLWOOD LENGTH/WIDTH (FEET) 53 X 27 VEHICLE IDENTIFICATION NUMBER (VIN) W1C109A107521/00011069109509 2073 FE13

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 9128484 P45175

LOT _____ BLOCK _____ PLAT NAME _____ SECTION/TOWNSHIP/RANGE _____

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER _____ NUMBER OF REGISTERED OWNERS 2 NUMBER OF LEGAL OWNERS 1

NAME OF REGISTERED OWNER Tim C. Herd

NAME OF ADDITIONAL REGISTERED OWNER Shirley M. Herd

ADDRESS 7664 Powerline Rd. CITY Markdemount STATE WA ZIP CODE 98267

NAME OF LEGAL OWNER Wells Fargo Bank, NA

NAME OF ADDITIONAL LEGAL OWNER _____

ADDRESS _____ CITY Des Moines STATE IA ZIP CODE _____

GRANTEE

NAME Tim C. Herd and Shirley M. Herd

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 Tim C. Herd

Signature of Additional Registered Owner and Title, IF APPLICABLE Shirley M. Herd

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

NOTARY PUBLIC OR AGENT **SHANNA M. GIPE** State of Washington County of Skagit Signed or attested before me on 5/29/08

PRINT NAME OF REGISTERED OWNER Tim C. Herd Signature _____ NOTARY OR AGENT

PRINT NAME OF REGISTERED OWNER Shirley M. Herd PRINTED NAME OF NOTARY Shanna M. Gipe

Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 1/29/10

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) LORI ANDERSON SKAGIT COUNTY PLANNING BLDG PERMIT OFFICE/PHONE # 360-336-9410 BLDG PERMIT # BP05-1162

SIGNATURE / POSITION Lori Anderson PERMIT TECHNICIAN DATE 6/9/10

6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

X Signature of Legal Owner and Title, IF APPLICABLE Alma Branch mgr.

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>6/4/10</u>
	by <u>Cindy Pena</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by <u>Shanna M. Brown</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY
Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>1/29/14</u> Notary Expiration Date	

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

Tract 4 of Short Plat No. 17-82, as approved July 18, 1983, and recorded July 22, 1983 in Volume 6 of Short Plats, Page 73. Under Auditor's File No. 8307220001, records of Skagit County, Washington; being a portion of the Southwest 1/4 of Section 12, Township 35 North, Range 10 East, W.M.

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) <u>Shannon King</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29 / 01 / 133</u>
SIGNATURE <u>[Signature]</u>	DATE <u>10-26-10</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



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