

RETURN ADDRESS

CHICAGO TITLE COMPANY

P O Box 638

Mount Vernon, WA 98273



201102080049

Skagit County Auditor

2/8/2011 Page 1 of 2 3:18PM

CHICAGO TITLE

| | | | | | |
|--|-----------------------------|---|-------------------------------|---|--|
| 620011618 | | Manufactured Home Application | | PLEASE CHECK ONE | |
| WASHINGTON STATE DEPARTMENT OF LICENSING | | | | <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) | |
| | 2011 | FLEETWOO | 48 X 28 | ORFLA48 33010-WR13 | |
| 2 LAND | | | | | |
| LEGAL DESCRIPTION ON PAGE | | | | | |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | | | |
| REAL PROPERTY TAX PARCEL NUMBER P64265 | | | | | |
| LOT | BLOCK | PLAT NAME OR SECTION/TOWNSHIP/RANGE | | QUARTER/QUARTER SECTION | |
| 185 | | CEDARGROVE ON THE SKAGIT | | | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) | | | | | |
| ADDITIONAL NAMES ON PAGE | | | | | |
| COUNTY NUMBER | NUMBER OF REGISTERED OWNERS | | NUMBER OF LEGAL OWNERS | | |
| 29 | 2 | | 1 | | |
| NAME OF REGISTERED OWNER | | | | DOL CUSTOMER ACCOUNT NUMBER | |
| Karen J. Atwood | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | DOL CUSTOMER ACCOUNT NUMBER | |
| Allen L. Atwood | | | | | |
| ADDRESS | | CITY | STATE | ZIP CODE | |
| 46596 Baker Loop Road | | Concrete | WA | 98237 | |
| 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 Street | | 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>Karen J. Atwood</i> | | | | | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Allen L. Atwood</i> | | | | | |
| NOTARY SEAL OR STAMP | | NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | |
| NOTARY PUBLIC STATE OF WASHINGTON JAN WILLIS My Appointment Expires Oct 1, 2014 | | State of Washington | | | |
| | | County of Whatcom | | | |
| | | Signed or attested before me on 12/29/10 | | | |
| | | by Karen J. Atwood PRINT NAME OF REGISTERED OWNER | | | |
| | | Signature Jan Willis | | | |
| | | by Allen L. Atwood PRINT NAME OF REGISTERED OWNER | | | |
| | | Signature Jan Willis Willis | | | |
| | | PRINTED NAME OF NOTARY | | | |
| | | County/Office No. 0070 WA | | | |
| | | AND: Dealer No. OR | | | |
| | | Notary Expiration Date 10-1-14 | | | |
| 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 | | |
| | | | Chicago Title Company / 360-4 | | |
| 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 360-336-5410 | | BP08-0165 | |
| SIGNATURE / POSITION | | DATE | | | |
| <i>Lori Anderson</i> | | 2/1/11 | | PERMIT TECHNICIAN | |

| MANUFACTURED HOME - FROM SECTION 1 | | | | | |
|---|--|--|---|---|------------------|
| TPG / PLATE NUMBER | YEAR 2011 | MAKE FLEETWOOD | LENGTH/WIDTH(FEET) 48 X 28 | VEHICLE IDENTIFICATION NUMBER (VIN) ORFLA48 33010-WR13 | |
| 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>Don Nystrom</u> | | | | | |
| Signature of Additional Legal Owner and Title, IF APPLICABLE <u>AVP/Br. mgr Washington Federal</u> | | | | | |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 15%;"> NOTARY SEAL ON STAMP JEANNE M. AUNGST COMMISSION EXPIRES 11/13/2014 NOTARY PUBLIC STATE OF WASHINGTON </div> <div style="flex-grow: 1;"> <p style="text-align: center; margin: 0;">NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</p> <p>State of Washington County of <u>Skagit</u> Signed or attested before me on <u>4/31/11</u></p> <p>by <u>Washington Federal</u> Signature <u>Jeanne M. Aungst</u> <small>PRINT NAME OF LEGAL OWNER NOTARY OR AGENT</small></p> <p>by <u>Doreen Nystrom, AVP/Br. mgr</u> <u>Jeanne M. Aungst</u> <small>PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY</small></p> <p>Title <u>Notary</u> AND: County/Office No. OR Dealer No. OR <u>1413114</u> <small>DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date</small></p> </div> </div> | | | | | |
| 7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office) | | | | | |
| Lot 185, CEDARGROVE ON THE SKAGIT, according to the Plat thereof recorded in Volume 9 of Plats, Pages 48 through 51, records of Skagit County, Washington. | | | | | |
| Situating 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>Coach Coral, Inc.</u> | | | WA DEALER NUMBER <u>4278</u> | DATE OF SALE <u>12/30/10</u> | |
| PURCHASE PRICE <u>\$90,162.69</u> | TAX JURISDICTION/TAX RATE <u>8.2%</u> | DEALER'S AUTHORIZED SIGNATURE <u>CR Padgett</u> | | | |
| <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) <u>Kirsty Lowery</u> | | | COUNTY OFFICE/MS OPERATOR NUMBER <u>290108</u> | | |
| SIGNATURE <u>Kirsty Lowery</u> | | | DATE <u>2/8/11</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. | | | | | |
| <div style="border: 1px solid black; padding: 5px;"> 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. </div> | | | | | |
| 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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