



201103300001
Skagit County Auditor

3/30/2011 Page 1 of 3 8:38AM

RETURN ADDRESS

10954585

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 +300092		YEAR 2003	MAKE Oakwood Yourshire	LENGTH/WIDTH(FEET) 52 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) GooR23N27025AB
2 LAND LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 108159	
LOT 12	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Cascade Heights		QUARTER/QUARTER SECTION	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER 29		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 2	
NAME OF REGISTERED OWNER James Peake Jr				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER Shary Peake				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 7437 N Reitze Ave		CITY Concrete		STATE WA	ZIP CODE 98237
NAME OF LEGAL OWNER James Peake Jr				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER Shary Peake				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 7437 N Reitze Ave		CITY Concrete		STATE WA	ZIP CODE 98237
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>James R Peake</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Shary G Peake</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
DEPT. OF LICENSING		State of Washington County of <i>Skagit</i>		Signed or attested before me on <i>3/30/11</i>	
		by <i>James R Peake</i> PRINT NAME OF REGISTERED OWNER		Signature <i>[Signature]</i> NOTARY OR AGENT	
		by <i>Shary G Peake</i> PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY <i>[Signature]</i> County/Office No. OR Dealer No. OR Notary Expiration Date	
		Title <i>Agent</i> DEALERSHIP POSITION/AGENT/NOTARY		AND:	
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) <i>Mary McCombie</i>		TITLE COMPANY / PHONE NUMBER <i>LSI 800-964-3524 x 161</i>			
SIGNATURE / POSITION <i>[Signature]</i>		DATE <i>3/21/11</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) <i>JA MCCORMICK</i>		BLDG PERMIT OFFICE/PHONE # <i>360-853-8401</i>		BLDG PERMIT # <i>03-001</i>	
SIGNATURE / POSITION <i>[Signature]</i>		BLDG OFFICIAL <i>[Signature]</i>		DATE <i>3-18-11</i>	

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER +300092	YEAR 2003	MAKE Oakwood Yourshire	LENGTH/WIDTH(FEET) 52 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) G00R23N27025AB	
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>J. R. Sh</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Sherry G. Peake</u>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of <u>Skagit</u> Signed or attested before me on <u>3/30/11</u> by <u>Jame R Peake</u> Signature <u>[Signature]</u> <small>PRINT NAME OF LEGAL OWNER</small> <small>NOTARY OR AGENT</small> by <u>Sherry G Peake</u> <small>PRINT NAME OF LEGAL OWNER</small> Title <u>Agent</u> <small>DEALERSHIP POSITION/AGENT/NOTARY</small> AND: <u>290108</u> <small>PRINTED NAME OF NOTARY</small> <u>County/Office No. OR</u> <small>Dealer No. OR</small> <u>Notary Expiration Date</u>			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
SEE ATTACHED LEGAL DESCRIPTION					
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) <u>Tristy Lowery</u>			COUNTY OFFICE/FS OPERATOR NUMBER <u>290108</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>3/30/11</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.



201103300001
Skagit County Auditor

Loan # : 234052122

Exhibit A

LEGAL DESCRIPTION

The following described property:

Lot 9, "Cascade Heights", as per plat recorded in Volume 16 of Plats, Pages 85 and 86, records of Skagit County, Washington.

Assessor's Parcel No: 46670000090000



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