



201111030107  
Skagit County Auditor

11/3/2011 Page 1 of 2 4:07PM

**RETURN ADDRESS**

WASHINGTON FEDERAL  
MOUNT VERNON OFFICE  
1501 RIVERSIDE DR/PO BOX 639  
MOUNT VERNON WA 98273

**LAND TITLE OF SKAGIT COUNTY**

393939-4 Land Title #139129-OE

<p>STATE OF WASHINGTON Department of <b>Licensing</b></p>	<p><b>MANUFACTURED HOME APPLICATION</b></p>	<p><b>PLEASE CHECK ONE</b></p> <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY
	<p>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)</p>	

**1 MANUFACTURED HOME**

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
New	2011	Skyline	60 X 28	2F91-0111-E

**2 LAND** LEGAL DESCRIPTION ON PAGE 3

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 35101400030008

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
Gov't Lot 1		SEC 14 TWP 35N RGE 10E	

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
029	2	1

NAME OF REGISTERED OWNER: ROBERT C HUBERT DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL REGISTERED OWNER: PAMELA K HUBERT DOL CUSTOMER ACCOUNT NUMBER

ADDRESS: 58774 WILLOW LANE CITY: ROCKPORT STATE: WA ZIP CODE: 98283 DOL CUSTOMER ACCOUNT NUMBER

NAME OF LEGAL OWNER: WASHINGTON FEDERAL DOL CUSTOMER ACCOUNT NUMBER

NAME OF ADDITIONAL LEGAL OWNER: DOL CUSTOMER ACCOUNT NUMBER

ADDRESS: 1501 RIVERSIDE DR CITY: MOUNT VERNON STATE: WA ZIP CODE: 98273

**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: *Robert C Hubert*

Signature of Additional Registered Owner and Title, IF APPLICABLE: *Pamela K Hubert*

**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

NOTARY SEAL OR STAMP: ALLEN L. COLLINS, COMMISSION EXPIRES 5-15-2015, NOTARY PUBLIC, STATE OF WASHINGTON

State of Washington County of SKAGIT Signed or attested before me on 4-26-2011

by ROBERT C HUBERT PRINT NAME OF REGISTERED OWNER Signature: *Allen L Collins* NOTARY OR AGENT

by PAMELA K HUBERT PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY: ALLEN L. COLLINS

Title Notary Public AND: County/Office No. OR Dealer No. OR Notary Expiration Date 5-15-2015

**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) BLDG PERMIT OFFICE/PHONE # 360-336-4710 BLDG PERMIT # BP11-0114

LOREI ANDERSON SKAGIT COUNTY PLANNING DATE 8/22/11

SIGNATURE / POSITION: *Lorei Anderson* PERMIT TECHNICIAN

UNOFFICIAL

NOTARY PUBLIC

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH / WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
TP0	2011	Skyline	60 X 28	2F91-0111-E

**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 Allen J. Collins, Vice-President

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>8-18-11</u>
	WASHINGTON FEDERAL PRINT NAME OF LEGAL OWNER	Signature <u>Cheryl C. Holmstrom</u> NOTARY OR AGENT
	PRINT NAME OF LEGAL OWNER Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY	PRINTED NAME OF NOTARY <u>CHERYL C. HOLMSTROM</u> County/Office No. OR AND: Dealer No. OR <u>10-15-2012</u> Notary Expiration Date

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

Parcel "A": The North 110 feet of the South 1/2 of that portion of Government Lot 1, Section 14, Township 35 North, Range 10 East, W.M., described as follows: Beginning at a point on the East line of Section 14, which is 40 rods South of the East 1/4 corner of said Section 14: thence West to Skagit River; thence in a Southerly direction along the Skagit River to the South Boundary line of said Government Lot 1; thence East along the South line of said Government Lot 1 to the Southeasterly corner thereof; thence North to the point of beginning. Situate in the County of Skagit, State of Washington. Parcel "B": A non-exclusive easement for ingress and egress over and across a 20 foot strip of land as described in easement recorded under Auditor's File No. 9109090674, records of Skagit County, Washington.

**8 DEALER'S REPORT OF SALE** Situate in the County of Skagit, State of Washington.

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 Corral, Inc.</u>	WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>8/18/2011</u>
PURCHASE PRICE <u>81,195.00</u>	TAX JURISDICTION/TAX RATE <u>Skagit 18.2%</u>	DEALER'S AUTHORIZED SIGNATURE <u>CR Pudge</u>

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/VES OPERATOR NUMBER <u>29101133</u>
SIGNATURE <u>[Signature]</u>	DATE <u>11/3/11</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.

**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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