

RETURN ADDRESS

Washington Federal
 Mount Vernon Office
 1501 Riverside Dr/PO Box 639
 Mount Vernon WA 98273



201112090083
 Skagit County Auditor

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391113-8 Chicago Title #620012566

		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 NEW	YEAR 2006	MAKE Skyline	LENGTH/WIDTH(FEET) 60 X 30	VEHICLE IDENTIFICATION NUMBER (VIN) 9U91-0710-U-ABC	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 35082410060104&35082410060		
LOT Ptn Gov 5,6,7	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE SEC 24 TWP 35 RGE 08		QUARTER/QUARTER SECTION 01	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER 029		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1	
NAME OF REGISTERED OWNER DOUGLAS G CAMPBELL				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER BILLIE JO CAMPBELL				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 9265 THUNDERBIRD LN		CITY CONCRETE		STATE ZIP CODE WA 98237	
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 ZIP CODE WA 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 <i>Douglas Campbell</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Billie Jo Campbell</i>					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on 8-31-2011	
		by Douglas G Campbell PRINT NAME OF REGISTERED OWNER		Signature <i>Allen L. Collins</i> NOTARY OR AGENT	
		by Billie Jo Campbell PRINT NAME OF REGISTERED OWNER		ALLEN L. COLLINS PRINTED NAME OF NOTARY	
		Title Notary Public DEALERSHIP POSITION/AGENT/NOTARY		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: <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) LOBI ANDERSON SKAGIT COUNTY PLANNING		BLDG PERMIT OFFICE/PHONE # 360-336-9410		BLDG PERMIT # BP07-0917	
SIGNATURE / POSITION <i>Lobe Anderson</i> PERMIT TECHNICIAN				DATE 9-6-11	

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
New	2006	Skyline	60 X 30	9U91-0710-LL

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 L. Collins, Vice - President

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>8-31-11</u>
	<u>Washington Federal</u> PRINT NAME OF LEGAL OWNER	Signature <u>Cheryl C. Holmstrom</u> NOTARY OR AGENT
	by <u>Cheryl C. Holmstrom</u> PRINT NAME OF NOTARY	County/Office No. OR AND: Dealer No. OR <u>10-15-2012</u> Notary Expiration Date
Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY		

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

AS PER ATTACHED EXHIBIT "A", AND BY THIS REFERENCE INCORPORATED HEREIN

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 Corral, INC.</u>	WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>6/30/2011</u>
PURCHASE PRICE <u>117,000.00</u>	TAX JURISDICTION/TAX RATE <u>8.290/Skagit</u>	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</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/VFS OPERATOR NUMBER <u>290133</u>
SIGNATURE <u>[Signature]</u>	DATE <u>12-9-11</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.



EXHIBIT A

Order No.: 620012566

For APN/Parcel ID(s): P44188 and P44189

For Tax Map ID(s): 350824-1-006-0005 and 350824-1-006-0104

That portion of Section 24, Township 35 North, Range 8 East of the Willamette Meridian, described as follows:

Commencing at the Northeast corner of the Southwest Quarter of the Northeast Quarter of said Section 24;

Thence South 1°11'30" West, 8.5 feet;

Thence South 59°05' West, 431.76 feet;

Thence South 89°52' West, 604.38 feet;

Thence South 76°44' West, 508.8 feet to the true point of beginning;

Thence South 1°11'30" West, 1,614.93 feet;

Thence North 79°48' West, 228.92 feet;

Thence North 10°12' East, 160.00 feet;

Thence North 79°48' West, 137.16 feet;

Thence North 76°12' West 532.88 feet;

Thence North 0°04' East, 1,057.26 feet;

Thence North 76°44' East, 906.00 feet to the true point of beginning.

Also known as Tract A of Survey recorded under Auditor's File No. 8312080024, records of Skagit County, Washington.

Situated in Skagit County, Washington.



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