

WHEN RECORDED RETURN TO:

Wells Fargo Bank, N.A.
Final Docs N0012-01B
6200 Park Ave.
Des Moines, IA 50321



201401290040

Skagit County Auditor

\$77.00

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DOCUMENT TITLE(S)

Manufactured Home Affidavit of Affixation

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

Barbara A. Halgren
Skipper C. Halgren

LAND TITLE OF SKAGIT COUNTY

148185-D

GRANTEE(S):

Wells Fargo Bank, N.A.

ABBREVIATED LEGAL DESCRIPTION:

Ptn Gov. Lot 4, 26-36-2 E W.M. AKA Lot 2, SP #PL-05-0132

TAX PARCEL NUMBER(S):

360226-3-030-0100

P 123406

LPB 01-05

MANUFACTURED HOME AFFIDAVIT OF AFFIXATION

Record and Return ☐ by Mail ☐ by Pickup to:
FINAL DOCS N0012-01B

6200 PARK AVENUE

DES MOINES, IA 50321

This Instrument Prepared By:

ERICA SCHULTES

Preparer's Name

4143 121ST ST, 1ST FLOOR

Preparer's Address 1

URBANDALE, IA 503232310

Preparer's Address 2

ATTENTION COUNTY CLERK: This instrument covers goods that are or are to become fixtures on the Land described herein and is to be filed for record in the records where conveyances of real estate are recorded.

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NMFL # 7111 (MAHA) Rev 2/4/2008



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BARBARA A HALGREN

SKIPPER C HALGREN

[type the name of each Homeowner signing this Affidavit]:

being duly sworn, on his or her oath state as follows:

1. Homeowner owns the manufactured home ("Home") described as follows:

USED	2003	FLEETWOOD HOMES	BARRINGTON 766A	066 x 040
New/Used	Year	Manufacturer's Name	Model Name or Model No.	Length x Width
WAFL331A18220BA13	WAFL331B18220BA13	WAFL331C18220BA13		
Serial No.	Serial No.	Serial No.	Serial No.	

2. The Home was built in compliance with the federal Manufactured Home Construction and Safety Standards Act.

3. If the Homeowner is the first retail buyer of the Home, Homeowner is in receipt of (i) the manufacturer's warranty for the Home, (ii) the Consumer Manual for the Home, (iii) the Insulation Disclosure for the Home, and (iv) the formaldehyde health notice for the Home.

4. The Home is or will be located at the following "Property Address":

4919 G LOOP ROAD, BOW, SKAGIT, WA 98232

Street or Route, City, County, State Zip Code

5. The legal description of the Property Address ("Land") is:

SEE ATTACHED LEGAL DESCRIPTION

TAX STATEMENTS SHOULD BE SENT TO: WELLS FARGO HOME MORTGAGE, P.O. BOX 11758, NEWARK, NJ 071014758

6. The Homeowner is the owner of the Land or, if not the owner of the Land, is in possession of the real property pursuant to a lease in recordable form, and the consent of the lessor is attached to this Affidavit.

7. The Home ☒ is ☐ shall be anchored to the Land by attachment to a permanent foundation, constructed in accordance with applicable state and local building codes and manufacturer's specifications in a manner sufficient to validate any applicable manufacturer's warranty, and permanently connected to appropriate residential utilities (e.g., water, gas, electricity, sewer) ("Permanently Affixed"). The Homeowner intends that the Home be an immoveable fixture and a permanent improvement to the Land.

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8. The Home shall be assessed and taxed as an improvement to the Land.
9. Homeowner agrees that as of today, or if the Home is not yet located at the Property Address, upon the delivery of the Home to the Property Address:
- (a) All permits required by governmental authorities have been obtained;
 - (b) The foundation system for the Home was designed by an engineer to meet the soil conditions of the Land. All foundations are constructed in accordance with applicable state and local building codes, and manufacturer's specifications in a manner sufficient to validate any applicable manufacturer's warranty.
 - (c) The wheels, axles, towbar or hitch were removed when the Home was, or will be, placed on the Property Address; and
 - (d) The Home is (i) Permanently Affixed to a foundation, (ii) has the characteristics of site-built housing, and (iii) is part of the Land.
10. If the Homeowner is the owner of the Land, any conveyance or financing of the Home and the Land shall be a single transaction under applicable state law.
11. Other than those disclosed in this Affidavit, the Homeowner is not aware of (i) any other claim, lien or encumbrance affecting the Home, (ii) any facts or information known to the Homeowner that could reasonably affect the validity of the title of the Home or the existence or non-existence of security interests in it.
12. A Homeowner shall initial only one of the following, as it applies to title to the Home:
Closing and Agent: please refer to the Manufactured Home and Land Supplemental Closing Instructions for completion instructions:
- ☐ The Home is not covered by a certificate of title. The original manufacturer's certificate of origin, duly endorsed to the Homeowner, is attached to this Affidavit, or previously was recorded in the real property records of the jurisdiction where the Home is to be located.
 - ☐ The Home is not covered by a certificate of title. After diligent search and inquiry, the Homeowner is unable to produce the original manufacturer's certificate of origin.
 - ☒ The manufacturer's certificate of origin and/or certificate of title to the Home [] shall be [X] has been eliminated as required by applicable law.
 - ☐ The Home shall be covered by a certificate of title.
13. This Affidavit is executed by Homeowner(s) pursuant to applicable state law.

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IN WITNESS WHEREOF, Homeowner(s) has executed this Affidavit in my presence and in the presence of the undersigned witnesses on this 24th day of JANUARY, 2014.

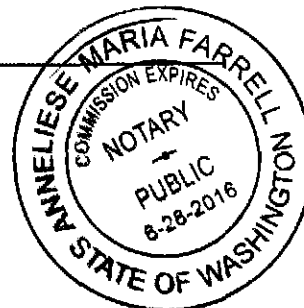
Barbara A Halgren
Homeowner #1 (SEAL) _____ Witness
BARBARA A HALGREN

Skipper C Halgren
Homeowner #2 (SEAL) _____ Witness
SKIPPER C HALGREN

Homeowner #3 (SEAL) _____ Witness

Homeowner #4 (SEAL) _____ Witness

STATE OF WASHINGTON)
) ss.:
COUNTY OF Skagit)



On the 24th day of JANUARY in the year 2014
before me, the undersigned, a Notary Public in and for said State, personally appeared
BARBARA A. HALGREN AND SKIPPER C. HALGREN

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

Anneliese Maria Farrell
Notary Signature

Anneliese Maria Farrell
Notary Printed Name

Notary Public, State of WASHINGTON

Qualified in the County of Skagit

My Commission expires: 6/28/16

Official Seal:

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EXHIBIT "A"

Lot 2, Short Plat No. PL05-0132, approved September 29, 2005, and Septemeber 22, 2005, recorded September 30, 2005, under Auditor's File No. 200509300028, records of Skagit County, Washington; being a portion of Government Lot 4, Section 26, Township 36 North, Range 2 East, W.M.

Situate in the County of Skagit, State of Washington.



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