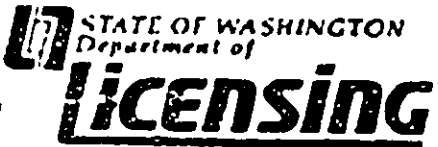


RECEIVED

MAR 12 1994

9404290105



ISLAND TITLE COMPANY MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK
JERRY MONTURE
SKAGIT COUNTY AUDITOR
'94 APR 29 P3:44
RECORDED AT REQUEST OF:

TITLE OPTIONS

- Original Transfer Duplicate Reissue
TITLE ELIMINATION (Complete all but section 3, below)
TRANSFER IN LOCATION (Complete ALL sections below)
REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

1 MANUFACTURED HOME
YEAR: 1972 MAKE: GOLDEN WEST WIDTH/LENGTH: 60X24 VEHICLE IDENTIFICATION NUMBER (VIN): S10165 PC60
COLOR #1 TOP OR FRONT: REQUEST OF: COLOR #2 BOTTOM OR REAR COLOR:

2 LAND
Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office.
Land to which the manufactured home is being: [X] AFFIXED [] REMOVED
PROPERTY TAX PARCEL NUMBER: P59423

3 TITLE COMPANY CERTIFICATION
I certify that the legal description of the land and ownership are true and correct.
NAME: TITLE COMPANY/PHONE NUMBER: SIGNATURE: X DATE:
NOTE: Application must be finalized with a Licensing Agent within 10 calendar days of the date signed by the Title Company Representative.

4 BUILDING PERMIT OFFICE CERTIFICATION
I certify that the manufactured home has been affixed to the real property as described, or the following building permit has been issued for this purpose and will be inspected upon completion.
NAME: Don meadmore SIGNATURE/TITLE: [Signature] BLDG PERMIT OFFICE/PHONE NUMBER: 293-1901 DATE: 3-3-94
BLDG PERMIT: 4718

5 OWNER INFORMATION
COUNTY: INC: UNINC: NUMBER OF REGISTERED OWNERS: 1 NUMBER OF LEGAL OWNERS: 1
Please provide the Department of Licensing (DOL) Client "NUMBER" for each owner:
NAME OF FIRST REGISTERED OWNER: LEWIS, KIP P.
NAME OF SECOND REGISTERED OWNER: LEWIS, KIP P.
ADDRESS OF FIRST REGISTERED OWNER: 1012 1/2 30TH STREET ANACORTES, WA 98221
NAME OF FIRST LEGAL OWNER: INTERWEST SAVINGS BANK
MAKING ADDRESS OF FIRST LEGAL OWNER: P.O. Box 538 ANACORTES, WA 98221
ELIMINATION OF TITLE: [X]
FILING FEE: APPLICATION: MOBILE HOME FEES: ELIMINATION: USE TAX: SUB-AGENT FEES: TOTAL FEES & TAX: \$

DEALER'S REPORT OF SALE
I certify that this information is correct. The vehicle is clear of encumbrances except as shown.
DEALER NAME: WA DLR NO.: DEALER'S AUTHORIZED SIGNATURE: X
PURCHASE PRICE: \$ TAX JURISDICTION/TAX RATE: DATE OF SALE:
Notary Public seal for Elizabeth Tracy Powers, State of Washington, Commission Expires October 18, 1997.

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)
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: Anna Ramirez SIGNATURE: X Anna Ramirez OFFICE/VS OPERATOR NUMBER: 290107 DATE: 4-29-94

7 RECORDING OFFICE
This form has been recorded in the county records.
RECORDING NUMBER: 9404290105 COUNTY: SKAGIT VOLUME/PAGE: 5160178 DATE: 4-29-94

9404290105

BK1325