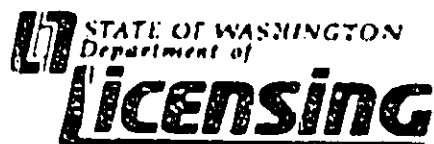


LAND TITLE COMPANY OF SKAGIT COUNTY



MANUFACTURED HOME APPLICATION

CLERK OF SUPERIOR COURT
SKAGIT COUNTY WASHINGTON

RECORDER'S CLOCK '94 SEP 28 P 1:35	FILED AT THE REQUEST OF: NAME ADDRESS
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Please check one T-74324-E **9409280067**

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			
TPO/PLATE NUMBER	YEAR 94	MAKE Fuqua	WIDTH/LENGTH
			VEHICLE IDENTIFICATION NUMBER (VIN) 13188

2 LAND	
Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732). Manufactured home will be <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	PROPERTY TAX PARCEL NUMBER 351023-2-002-0103

3 TITLE COMPANY CERTIFICATION			
I certify that the legal description of the land and ownership is true and correct per the real property records.			
NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE X	DATE
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.			

4 BUILDING PERMIT OFFICE CERTIFICATION			
I certify that the manufactured home has been affixed to the real property as described, or a building permit has been issued for this purpose and the attachment will be inspected upon completion.			BLDG PERMIT # 94-0363
NAME Jody Ann Goodman	SIGNATURE/TITLE X Jody Ann Goodman	BLDG PERMIT OFFICE/PHONE # 336-9410	DATE 9/27/94

5 OWNER INFORMATION			
COUNTY # <input type="checkbox"/>	INC <input type="checkbox"/>	UNINC <input type="checkbox"/>	# REGISTERED OWNERS 2
		# LEGAL OWNERS 1	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:
NAME OF FIRST OWNER Marshall D. Cooper		COOPEMD575KU	
NAME OF SECOND OWNER Candida M. Cooper		COOPECM 51503	
ADDRESS OF OWNER 5621 Highway 20		..OR.. if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.	
CITY Rockport	STATE WA	ZIP CODE 98283	ELIMINATION
NAME OF FIRST LEGAL OWNER Washington Mutual Savings Bank		USE TAX	
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. Box D		SUB-AGENT FEES	
CITY Mount Vernon	STATE WA	ZIP CODE 98273	TOTAL FEES & TAX \$
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X		DEALER'S REPORT OF SALE	
		I certify that this information is correct. The vehicle is clear of encumbrances except as shown.	

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 of up to \$5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):	WA DLR NO. 4341	DATE OF SALE 6/24/94	PURCHASE PRICE \$99,190	
	DEALER NAME Greggson's Homes, Inc.		TAX JURISDICTION/TAX RATE 8.2%	
	DEALER'S AUTHORIZED SIGNATURE X Scott Greggson			7690363
	<input type="checkbox"/> USE TAX EXEMPT/Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)			

NOTARY OR LICENSE AGENT NUMBER X Nancy Lee Cleave	SUBSCRIBED TO AND SWORN BEFORE ME THIS 23rd DAY OF May 1994	Residing in (County) Skagit
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 CRYSTAL R. FERRELL	SIGNATURE X Crystal R. Ferrell	OFFICE/VFS OPERATOR NUMBER 2901-10
		DATE 9-27-94