



MANUFACTURED HOME APPLICATION

FIRST AMERICAN TITLE CO. 47717

RECORDER'S CLOCK	FILED AT THE REQUEST OF:
	NAME
	ADDRESS
KATHY H. SKAGIT 9602060032	
96 FEB -6 A9:50	

Please check one

- 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	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1995	LIBERTY	28 X 48	03129530X0

2 LAND	PROPERTY TAX PARCEL NUMBER
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	4632-000-036-0005

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	DATE
		X	
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 #
			95-0312
NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
JOANNE OSTLUND	X Joanne Ostlund	336-9410	1-18-96

5 OWNER INFORMATION					FEES	
COUNTY #	INC	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:	
	<input type="checkbox"/>	<input type="checkbox"/>				
REGISTERED OWNER	NAME OF FIRST OWNER				OLSEN, THOMAS H.	
	NAME OF SECOND OWNER				OLSEN, ARDITH M.	
	ADDRESS OF OWNER				500 AERIE LANE	
	CITY	STATE	ZIP CODE		SEDRO WOOLLEY WA 98284	
	NAME OF FIRST LEGAL OWNER				LYNNWOOD MORTGAGE CORPORATION, its successors and/or assigns	
	MAILING ADDRESS OF FIRST LEGAL OWNER				P.O. BOX 5857	
CITY	STATE	ZIP CODE		LYNNWOOD WA 98046		
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY				X <i>[Signature]</i>		
				..OR.. if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.		
				More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.		
				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 THE INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):			WADLR NO	DATE OF SALE	PURCHASE PRICE
X <i>[Signature]</i>			DA 4934	1-20-96	\$ 35,214 100
X <i>[Signature]</i>			DEALER NAME	TAX JURISDICTION/TAX RATE	
X <i>[Signature]</i>			CAMPBELL HOMES	7.6%	
X <i>[Signature]</i>			DEALER'S AUTHORIZED SIGNATURE		
X <i>[Signature]</i>			<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		ISSUED, SEEN, AND SIGNED BEFORE ME THIS		Residing in (County)	
X <i>[Signature]</i>		20th DAY OF JANUARY 19 96		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	SIGNATURE	OFFICE/VFS OPERATOR NUMBER	DATE
CRISTINA R. PERKINS	<i>[Signature]</i>	29-01-10	2-6-96



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check type of application: Title Elimination
 Removal From Real Property
 Transfer In Location

Land: Property Tax Parcel Number 4632-000-036-0005 (P106929)

Legal Description:

LOT 36, "EAGLE VALLEY P.U.D.", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 181 TO 183, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.