

SKAR

KATON

'97 JAN -8 P1:20

RECORDED FILE  
REQUEST OF *[Signature]*

Return Address:

Wash Mutual  
1336 Cornwall  
B Ham, Wa 98225  
T 80214 LAND TITLE COMPANY OF SNOHOMISH COUNTY

9701080044

Document Title(s) (or transactions contained therein):

1. Mobile Home Elin . 3.
2. 4.

Reference Number(s) of Documents assigned or released:

on page of \_\_\_\_\_ of document

Grantor(s) (Last name, First, Middle Initial)

1. Reis, Thomas M
2. Reis, Shirley J
- 3.
4. \_\_\_\_\_ Additional names on page \_\_\_\_\_ of document.

Grantee(s) (Last name, First, Middle Initial)

1. NA
- 2.
- 3.
4. \_\_\_\_\_ Additional names on page \_\_\_\_\_ of document.

Legal description: (Lot, block, plat name, section-township-range)

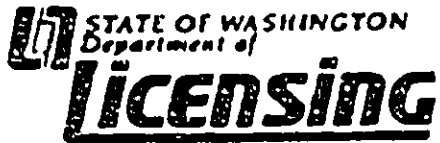
Lot 1, 2 Linda Vista Add.

\_\_\_\_\_ Additional legal is on page 3 of document.

Assessor's Property Tax Parcel Account Number(s):

P67203

9701080044



# MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK	FILED AT THE REQUEST OF:
	NAME
	ADDRESS

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)

<b>1 MANUFACTURED HOME</b>				
TPOPLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHIC ER (VIN)
	1997	LIBERTY		09L31231XUT

<b>2 LAND</b>	
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	PROPERTY TAX PARCEL NUMBER P67203
<input checked="" type="checkbox"/> AFFIXED	<input type="checkbox"/> REMOVED

<b>3 TITLE COMPANY CERTIFICATION</b>			
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.			

<b>4 BUILDING PERMIT OFFICE CERTIFICATION</b>			
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 # 96-0769
NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
	Sheel Walker Plans Examiner	336-9410	12/20/96

<b>5 OWNER INFORMATION</b>				
COUNTY #	INC	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	1
Provide the Washington Driver's License or I.D. card number (PIC) for each owner:				FILING FEE
NAME OF FIRST OWNER REES, THOMAS M.				APPLICATION
NAME OF SECOND OWNER REES, SHIRLEY J.				MOBILE HOME FEES
ADDRESS OF OWNER 1796 N. PAMELA ST.				ELIMINATION
CITY	STATE	ZIP CODE	..OR.. if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.	
Mt. Vernon	WA	98274	USE TAX	
NAME OF FIRST LEGAL OWNER* WASHINGTON MUTUAL BANK				SUB-AGENT FEES
MAILING ADDRESS OF FIRST LEGAL OWNER 1336 CCRNWALL				TOTAL FEES & TAX
CITY	STATE	ZIP CODE	More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.	
BELLINGHAM	WA	98225	\$	
<b>DEALER'S REPORT OF SALE</b>				
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 4B.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I AM THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):	WA DLR NO.	DATE OF SALE	PURCHASE PRICE
	DEALER NAME		TAX JURISDICTION/TAX RATE
	DEALER'S AUTHORIZED SIGNATURE		
	<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member of the reservation (attach notarized statement of delivery)		

NOTARY OR LICENSE AGENT'S NAME	SUBSCRIBED TO AND SWORN BEFORE ME THIS	Residing in (County)
Russell V. Larson	23 DAY OF December 19 96	Skagit
<b>6 COUNTY AUDITOR/AGENCY LICENSING FEE APPROVAL: (Not for use by Sub-Agents)</b>		
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 information.		
NAME	SIGNATURE	OFFICE/AFS OPERATOR NUMBER
T. Medved	X [Signature]	7701-11
		DATE
		1-7-97

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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   67203  

Legal Description:

LOTS 1 and 2, "LINDA VISTA ADDITION, SKAGIT COUNTY, WASH.", AS PER PLAT RECORDED IN VOLUME 7 of PLATS, PAGE 74, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

9701080044