

200004130081

Kathy Hill, Skagit County Auditor
4/13/2000 Page 1 of 2 3:40:23PM

RETURN ADDRESS

WASHINGTON MUTUAL
1336 CORNWALL AVENUE
BELLINGHAM WA 98225
LOAN NO. 01-0089-002499769-4

ISLAND TITLE CO. SB15852

<p>STATE OF WASHINGTON Department of Licensing</p>	<p>MANUFACTURED HOME APPLICATION</p>	<p>PLEASE CHECK ONE</p>	
		<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	

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, imprisonment, or both. (RCW 46.12.210)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
%094989	1994	OAKSP	52 X 28	32911051GAB

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 3990-000-030-0000 P68709

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
30		SAMISH RIVER PARK DIV. NO. 1	Vol. 9, pgs. 43,44

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	1	1

NAME OF REGISTERED OWNER: DEBRA ANN ALLEN

NAME OF ADDITIONAL REGISTERED OWNER:

ADDRESS	CITY	STATE	ZIP CODE
5924 STEELHEAD LANE	BURLINGTON	WA	98233

NAME OF LEGAL OWNER: WASHINGTON MUTUAL

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS	CITY	STATE	ZIP CODE
1336 CORNWALL AVENUE	BELLINGHAM	WA	98225

GRANTEE

NAME: WASHINGTON MUTUAL

I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Signature of Registered Owner and Title, IF APPLICABLE: *Debra Ann Allen*

Signature of Additional Registered Owner and Title, IF APPLICABLE: _____

	<p>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</p>	
	State of Washington _____ County of <u>Skagit</u>	Signed or attested before me on <u>April</u> , 2000
	by <u>Debra Ann Allen</u> PRINT NAME OF REGISTERED OWNER	Signature <i>Marcia J. Jennings</i> NOTARY OR AGENT
	by _____ PRINT NAME OF REGISTERED OWNER	<u>Marcia J. Jennings</u> PRINTED NAME OF NOTARY County/Office No. OR _____ Dealer No. OR <u>10/5/00</u> Title <u>Notary Public for State of WA</u> AND: Notary Expiration Date

4 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership is true and correct per the real property records.

NAME (TYPED OR PRINTED)	TITLE COMPANY / PHONE NUMBER
SIGNATURE / POSITION	DATE

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

5 BUILDING PERMIT OFFICE CERTIFICATION

I certify that: the manufactured home has been affixed to the real property as described.
 a building permit has been issued for this purpose and the attachment will be inspected upon completion.

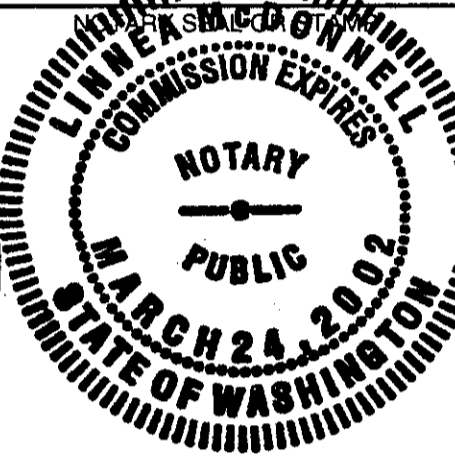
NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
TAWNEE BOSMAN	SKAGIT COUNTY PERMIT CENTER 336-9410	94-0323
SIGNATURE / POSITION	DATE	
<i>Tawnee Bosman</i> Support Services	April 13, 2000	

6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE *RV Mobile Manager*

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of Whatcom

Signed or attested
before me on 4-7-00

by _____
PRINT NAME OF LEGAL OWNER

Signature *Linnea McDonnell*

by _____
PRINT NAME OF LEGAL OWNER

Signature *Linnea McDonnell*
NOTARY OR AGENT

PRINTED NAME OF NOTARY

Title _____
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR _____
Dealer No. OR 3-24-2002
Notary Expiration Date

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

Lot 30, SAMISH RIVER PARK DIVISION NO. 1, according to the plat thereof recorded in Volume 9 of Plats, page 43 and 44, records of Skagit County, Washington.

Situated in Skagit County, Washington.

8 DEALER'S REPORT OF SALE

I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.

DEALER NAME (TYPED OR PRINTED) _____ WA DEALER NUMBER _____ DATE OF SALE _____

PURCHASE PRICE _____ TAX JURISDICTION/TAX RATE _____ DEALER'S AUTHORIZED SIGNATURE _____

USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).

9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)

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 (TYPED OR PRINTED) *Krusty Lowery* COUNTY OFFICE/VFS OPERATOR NUMBER 29-01-08

SIGNATURE *Krusty Lowery* DATE 4/13/00

10 TITLE FEES

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form.

APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee.

For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please contact us.



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