

RETURN ADDRESS

ISLAND TITLE COMPANY
 PO BOX 670
 BURLINGTON WA 98233



200006270095
 Kathy Hill, Skagit County Auditor
 6/27/2000 Page 1 of 2 3:51:14PM

ISLAND TITLE CO. SB-15940

STATE OF WASHINGTON Department of Licensing **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**
 TITLE ELIMINATION
 TRANSFER IN LOCATION
 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)
	1981	Gueron	70 X 14	9664

2 LAND **LEGAL DESCRIPTION ON PAGE** _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER: P68081

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE

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: RALPH H. GREENWALT
 NAME OF ADDITIONAL REGISTERED OWNER:

ADDRESS: 8929 E. PRESSENTIN LANE CITY: SEDRO WOOLLEY STATE: WA ZIP CODE: 98284

NAME OF LEGAL OWNER: ALLIANCE FUNDING, A DIVISION OF SUPERIOR BANK
 NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS: 1 RAMLAND ROAD CITY: ORANGEBURG STATE: NY ZIP CODE: 10962

GRANTEE
 NAME: ALLIANCE FUNDING, A DIVISION OF SUPERIOR BANK

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: *Ralph H. Greenwalt*
 Signature of Additional Registered Owner and Title, IF APPLICABLE:

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

NOTARY SEAL OF LINDA PIERSON, COMMISSION EXPIRES 3-19-03, STATE OF WASHINGTON, PUBLIC

State of Washington County of Skagit Signed or attested before me on *May 2, 2000*
 by Ralph H. Greenwalt Signature *Linda Pierson*
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT
 by Linda Pierson PRINTED NAME OF NOTARY
 PRINT NAME OF REGISTERED OWNER
 Title Notary Public AND: County/Office No. OR Dealer No. OR 3/19/03
 DEALERSHIP POSITION/AGENT/NOTARY 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.

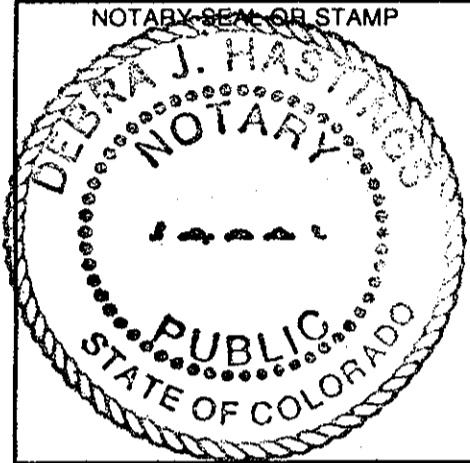
NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
<i>Tawnee Bosman</i>	SKAGIT COUNTY PERMIT CENTER 360-336-9410	96-1562
SIGNATURE / POSITION		DATE
<i>Tawnee Bosman Support Services</i>		06/27/00

6 SIGNATURE OF LEGAL OWNER

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

Alliance Funding, A Division of Superior Bank FSB
Signature of Legal Owner and Title, IF APPLICABLE by *[Signature]*

Signature of Additional Legal Owner and Title, IF APPLICABLE *Underwriting Manager*



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of ~~Washington~~ *Colorado*
County of *Arapahoe* Signed or attested before me on *5/5/00*

by *Beth Culberson for Alliance* Signature *[Signature]*
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by *Funding A Division of Superior Bank FSB*
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY *Debra J. Hastings*

Title *Underwriting Manager* AND: County/Office No. OR Dealer No. OR Notary Expiration Date *10-22-00*

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

Lot 4, PRESENTIN CREEK WILDERNESS, SUBDIVISION NO.1, according to the plat thereof recorded in Volume 8 of Plats, page 47, 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) *Husty Lowery* COUNTY OFFICE/VFS OPERATOR NUMBER *290108*

SIGNATURE *Husty Lowery* DATE *6/27/00*

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, r



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Kathy Hill, Skagit County Auditor