



200101080066

Skagit County Auditor

1/8/2001 Page 1 of 2 11:43:29AM

RETURN ADDRESS

INTERWEST BANK

P. O. BOX 670

OAK HARBOR WA 98277

Loan No. 0301000339

ISLAND TITLE CO. B16695 ✓

**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 Skyline	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2000	Greenbriar	38 X 28	9U91-0155-M AB

**2 LAND** **LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 3869-014-020-0001

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
20	N	CAPE HORN ON THE SKAGIT DIV. 2	

**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: STRINGFIELD, ERIC M.  
 NAME OF ADDITIONAL REGISTERED OWNER:

ADDRESS	CITY	STATE	ZIP CODE
42037 PINE STREET	SEDRO WOOLLEY	WA	98284

NAME OF LEGAL OWNER: PACIFIC NORTHWEST BANK DBA INTERWEST BANK  
 NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS	CITY	STATE	ZIP CODE
P. O. BOX 1649	OAK HARBOR	WA	98277

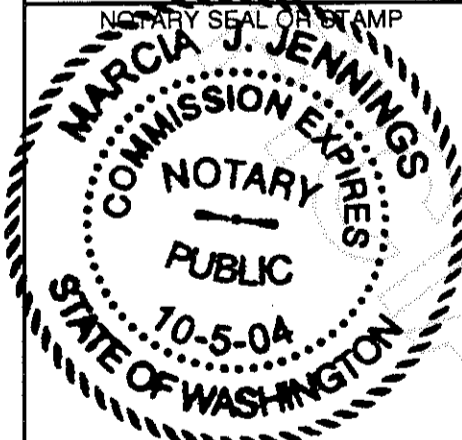
**GRANTEE**

NAME: PACIFIC NORTHWEST BANK DBA INTERWEST 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: *Eric M Stringfield*

Signature of Additional Registered Owner and Title, IF APPLICABLE:



**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

State of Washington County of Skagit Signed or attested before me on 9/28/2000

by Eric M. Stringfield Signature *Marcia J. Jennings*  
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Marcia J. Jennings  
 PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary Public AND: County/Office No. OR Dealer No. OR 10/4/2004  
 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
CRYSTAL R. BURRESS	

SIGNATURE / POSITION: *Crystal R. Burress* DATE: 1-8-2001

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	336 9410 SKAGIT COUNTY PERMIT CENTER	BP001144

SIGNATURE / POSITION: *Tawnee Bosman* DATE: 01/05/01

**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 Leah Lindquist / Home Owner

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

NOTARY SEAL OR STAMP  LORRAINE M. BOUZA STATE OF WASHINGTON NOTARY --- PUBLIC MY COMMISSION EXPIRES 4-22-01	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>ISLAND</u>	Signed or attested before me on <u>10-02-00</u>
	by <u>LEAH LINDQUIST</u> PRINT NAME OF LEGAL OWNER	Signature <u>Lorraine M Bouza</u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	<u>LORRAINE M. BOUZA</u> PRINTED NAME OF NOTARY
Title <u>NOTARY</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR _____ Dealer No. OR <u>422-01</u> Notary Expiration Date	

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

Lot 20, Block N, CAPE HORN ON THE SKAGIT DIVISION NO. 2, according to the plat thereof recorded in Volume 9 of Plats, pages 14 through 19, 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) <u>Coach Corral, Inc.</u>	WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>12-1-00</u>
PURCHASE PRICE <u>\$34,640.00</u>	TAX JURISDICTION/TAX RATE <u>7.8%</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</u>
<input type="checkbox"/> 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)	COUNTY OFFICE/VFS OPERATOR NUMBER
SIGNATURE	DATE

**10 TITLE FEES**

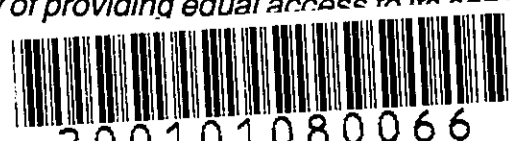
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

**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 accommodations...



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