# RETURN ADDRESS

| MR AND MRS NEIL P | HANSEN |
|-------------------|--------|
| 17648 STATE ROUTE | 9      |
| MOUNT VERNON WA   | 98274  |
|                   |        |



2/23/2001 Page

1 of 3 11:54:57AM

ISLAND TITLE CO.

| ACCUMMUNATION RE   |   |
|--|---|
| STATE OF WASHINGTON MANUFACTURED Department of APPLICATIO  | N ATTITLE ELIMINATION  TRANSFER IN LOCATION  REMOVAL FROM REAL PROPERTY |
| Anyone who knowingly makes a false statement of a material fact is of a felony, and upon conviction may be punished by a fine, impriso   | guilty  |
| 1 MANUFACTURED HOME  |   |
| TPO / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEE  | T) VEHICLE IDENTIFICATION NUMBER (VIN)                                  |
| +31273 • 1985 LIBER 60 <b>X</b> 28   | 09L20807XU  |
|  | AL DESCRIPTION ON PAGE  |
|  | REAL PROPERTY TAX PARCEL NUMBER   |
| MANUFACTURED HOME WILL BE AFFIXED REMOVED  | 340436-0-020-0307   |
| Ptn Gov Lot 8  | section/township/range 36-34-4  |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) AD  | DITIONAL NAMES ON PAGE  |
| COUNTY NUMBER OF REGISTERED OWN  | RS NUMBER OF LEGAL OWNERS   |
| . 2  | 2   |
| NAME OF REGISTERED OWNER ;   |   |
| HANSEN, NEIL P.  |   |
| NAME OF ADDITIONAL REGISTERED OWNER  | estern es   |
| HANSEN, FREIDA D.  |   |
| ADDRESS  | STATE ZIP CODE  |
|  | RNON WA 98274   |
| HANSEN, NEIL P.  |   |
| NAME OF ADDITIONAL LEGAL OWNER   |   |
|  |   |
| HANSEN, FREIDA D.  | STATE ZIP CODE  |
|  |   |
|  | RNON WA 98274   |
| GRANTEE  |   |
| NAME   |   |
| I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/<br>VEHICLE AND THIS INFORMATION IS ACCURATE:   | WE AM/ARE THE REGISTERED OWNER(S) OF THIS                               |
|  |   |
| Signature of Registered Owner and Title, IF APPLICABLE   | LIME I  |
| Cianatura of Additional Basistanad Curacy and Title IT ABBLICABLE  | A la series   |
| Signature of Additional Registered Owner and Title, IF APPLICABLE NOTARIZATION/CERTIFICATION/CERTIFI | TION DECIDED ON TERMONOLOGY AT LINE                                     |
| NOTARIZATION/CERTIFICA   | HON FOR REGISTERED OWNER(S) SIGNATURE                                   |
| State of Washington County of Skagit   | Signed or attested 2/20 /2001   |
|  | h. 200 -  |
| S NOTARI B by Neil P. Hansen PRINT NAME OF REGISTERED OWNER  | Signature May Flynny  |
| Will Bill Freide D. Hensen   | Marcia J. Jennings  |
| by Freida D. Hansen PRINT NAME OF REGISTERED OWNER   | PRINTED NAME OF NOTARY  |
| Title Notary Public  | County/Office No. OR 10/5/2004  |
| 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 co  | rrect per the real property records.                                    |
| NAME (TYPED OR PRINTED) TI   | TLE COMPANY / PHONE NUMBER  |
| SIGNATURE / POSITION   | DATE  |
| Finalize this application with a Licensing Agent within 10 calendar d  | ays of the date Title Company Representative signs.                     |
| 5 BUILDING PERMIT OFFICE CERTIFICATION   |   |
|  | e and the attachment will be inspected upon completion.                 |
| NAME (TYPED OR PRINTED)  BLDG PERMIT OFFICE/PE  TAINLEE GESTAN SLAGIT COUNTY AN  | HONE # 336-9412 BLDG PERMIT #   |
| SIGNATURE / POSITION .   | DATE  |
| Survey Somen Surport   | + Semblices prizilos  |

|   |                            |  | · ·         | • • •           | * * * * * * * * * * * * * * * * * * * |  |                        |  |
|---|----------------------------|--|-------------|-----------------|---------------------------------------|--|------------------------|--|
| 6 SIGNATURE OF  |                            |  |             |                 |                                       | -sef   |                        |  |
| SIGNATURE OF LEG  | SAL OWNER INDIC            | CATES CONSE                                      | NT FOR E    | LIMINATION      |                                       | REMOVAL  | FROM REAL PR           | ROPERTY.   |
| Signatura   | of Legal Owner and         | Title IF APPLIC                                  | ARI F       | 14              |                                       |  |                        |  |
| Signature   | n Legal Owner and          | THE, IF AFFEIO.                                  | ADEL        | 1               | _ []                                  | 5  |                        | -  |
| Signature of Additiona  | al Legal Owner and         | Title, IF APPLIC                                 | ABLE        | 111             | edos                                  | 1710   | ande                   |  |
| NOTARY ELAL DR S  | EART .                     | NOTARIZA   | TION/CER    | TIFICATIO       | N FOR LE                              | GAL OWNER(   | S) SIGNATURE           |  |
| MARKIN SSION  | 6:21                       | Washington County of                             | Skagi       | t               | s                                     | Signed or atteste<br>before me o   | d<br>n 2/ <b>96</b> /2 | 2001   |
| O NOTAR   |                            | adl D Uas  | 202         |                 | 0:                                    | Marce  | :400mm                 | 14.0   |
| S. PUBLIC   | by PRIN                    | eil P. Han                                       |             |                 | Signa                                 | NOTARY OR  | AGÉNT/                 |  |
| 74  | by F                       | reida D. I                                       | Hansen      |                 |                                       | Marcia J.  | Jennings               | 0  |
| 0.5-04  |                            | T NAME OF LEGAL                                  |             |                 |                                       | ED NAME OF NOTA  | ARY                    |  |
| WASHIN  |                            | Notary Pub                                       |             |                 |                                       | AND: County/C  | Office No. OR $10/$    | 5/2004   |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                            | ERSHIP POSITION                                  |             | ARY             |                                       |  | piration Date          |  |
| 7 LAND DESCRIPT   | ION (A legal desc          | ription of the la                                | nd can be   | obtained fr     | om the l                              | ocal County As   | sessor's Office        |  |
|   |                            |  | 1           |                 |                                       |  |                        |  |
| Donat don of  | C                          | T - + 0 C  | ^           | 26 T            | l                                     | 2 / Name 1   | Dames / F              |  |
|   | Government<br>.amette Meri | 61 AF  | 347 AM      |                 | -                                     |  | -                      |  |
| or the will   | .amette Mell               | dian as m  | JIE IU.     | ity desi        | TIDEO                                 | I III ALLAC  | iment page             |  |
|   |                            |  | 1           |                 |                                       |  | •                      |  |
|   |                            | 3  |             | ·žı.            |                                       |  |                        |  |
|   |                            |  |             |                 |                                       |  |                        |  |
|   |                            |  |             |                 |                                       |  |                        |  |
|   |                            |  |             |                 | . No.                                 |  |                        |  |
| 8 DEALER'S REPO   |                            |  | N.          |                 | 1                                     |  |                        |  |
| I CERTIFY THAT T  |                            |  |             | ICLE IS CLE     | EAR OF E                              | NCUMBRANCI   | ES EXCEPT AS           | SHOWN.   |
| DEALER NAME (TYPED OF   |                            | EEN COLLECT                                      | EU.         |                 | WA DEALE                              | R NUMBER   | DATE OF SALE           |  |
| ·   | ·                          |  |             |                 |                                       | No.  | ,                      |  |
| PURCHASE PRICE  | TAX JURISDICTI             | ON/TAX RATE DE                                   | ALER'S AUT  | HORIZED SIGN    | IATURE                                |  |                        |  |
|   |                            |  |             |                 |                                       | A CONTRACTOR OF THE CONTRACTOR |                        |  |
| USE TAX E   | KEMPT Sale to a C          | ertified Tribal me                               | mber on th  | ne reservatio   | n (attach i                           | notarized staterr  | ent of delivery).      |  |
| 9 COUNTY AUDITO   | PAGENT LICENS              | SING OFFICE A                                    | PPROVAL     | L: (Not for u   | ise by Su                             | ıbagents)  |                        |  |
| I certify that the above a  | • •                        | o have been com                                  | pleted corr | rectly, and the | e applican                            | nt has sufficient d  | ocumentation to p      | roceed with                                      |
| the recording of this fo  |                            |  |             |                 |                                       |  | <b>.</b>               |  |
| NAME (TYPES OR PRINTE   | Die li                     | 7111   | 5           |                 | connection                            | DEFICENCES OPERA   | TOR NUMBER             |  |
| SIGNATURE   | 1000                       | <del>-                                    </del> | <u> </u>    |                 |                                       |  | DATE /O.               | 12.7   |
| S A A   | 11 / 1                     | $\lambda() \cup$                                 | İΛ          |                 |                                       |  | 13/23                  |  |
| 10 TITLE SEES   | <del>500 0</del>           |  | <u>~</u>    |                 |                                       |  |                        | <del>                                     </del> |
| 10 TITLE FEES FILING FEE  | APPLICATION                | MOBILE HOME                                      | FEE I       | ELIMINATION F   | EE                                    | USE TAX  | SUBAGENT               | FEES   |
|   |                            |  | į           |                 |                                       |  |                        |  |
|   |                            |  |             | <del></del>     |                                       |  | TOTAL FEE              | S & TAX  |
|   |                            |  |             |                 |                                       |  |                        |  |
|   |                            |  |             |                 |                                       |  |                        |  |
| IMPORTANT:  | Once the apr               | olication has b                                  | een appr    | oved by the     | e Count                               | y Auditor / Vel  | hi <b>cle</b>          |  |
|   |                            | ice, take your                                   |             |                 |                                       |  |                        |  |
|   | •                          | of the recording                                 | •           |                 |                                       | _  | 40. W C                |  |
|   | your original              | application for                                  | m, obtain   | n a certified   | copy o                                | t the recorded   | I form.                |  |
| ΔΡΡΙ  | ICANTS: Once               | e recorded, vo                                   | u must re   | eturn to a V    | /ehicle i                             | icensina offic   | e to file the          |  |
| APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle |                            |  |             |                 |                                       |  |                        |  |
|   |                            | sing subagent                                    |             |                 | •                                     | -  |                        |  |
| <b>-</b>  |                            |  |             | ida Elimina     | tion Da                               | moved from P   | ool Properti           |  |
| For tull in   | istructions on co          | inpleting this to                                | OULD TOL 11 | ine cilmina     | won, He                               | moval from H   | еаг ггорепу            |  |

The Department of Licensing If you need special accommod

or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.

200102230068 , Skagit County Auditor



# 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 |  |
|---------------|--|
|               | Removal From Real Property                   |
|               | Transfer In Location                         |
| _             |  |
| Land:         | Property Tax Parcel Number 340436-0-020-0307 |
|               |  |
|               | Legal Description:                           |
|               |  |

#### PARCEL A:

That portion of Government Lot 8, Section 36, Township 34 North, Range 4 East of the Willamette Meridian, described as follows:

Beginning at the intersection of the North line of said Government Lot 8 with the Easterly line of the right-of-way of State Highway 9:

Thence Southeasterly, along said Easterly line, a distance of 850 feet to the true point of beginning;

Thence East, parallel with the North line of said Government Lot 8, a distance of 150 feet; Thence North, parallel with the East line of said Government Lot 8, a distance of 100 feet; Thence West, parallel with the North line of said Government Lot 8, to the Easterly line of the right-of-way of State Highway 9;

Thence Southeasterly, along said Easterly line, to the true point of beginning.

### PARCEL B:

That portion of Government Lot 8, Section 36, Township 34 North, Range 4 East of the Willamette Meridian, described as follows:

Beginning at the intersection of the North line of said Government Lot 8 with the Easterly line of the right-of-way of State Highway 9;

Thence Southeasterly, along said Easterly line, a distance of 850 feet to the true point of beginning;

Thence East, parallel with the North line of said Government Lot 8, a distance of 150 feet; Thence Southeasterly, on a line that is parallel with the Easterly right-of-way line of State Highway 9, to an intersection with the Northerly line of said State Highway 9; Thence Westerly and Northerly, along the Northerly and Easterly right-of-way line of said State Highway 9 to the true point of beginning.

ALL situated in Skagit County, Washington.

- END OF EXHIBIT "A" -



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