

**RETURN ADDRESS**

FIRST AMERICAN TITLE COMPANY  
 PO box 1667  
 Mt. Vernon, WA 98273  
 01-63553



200105170089  
 Skagit County Auditor

5/17/2001 Page 1 of 2 2:48:21PM

**STATE OF WASHINGTON Department of LICENSING** **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**

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)

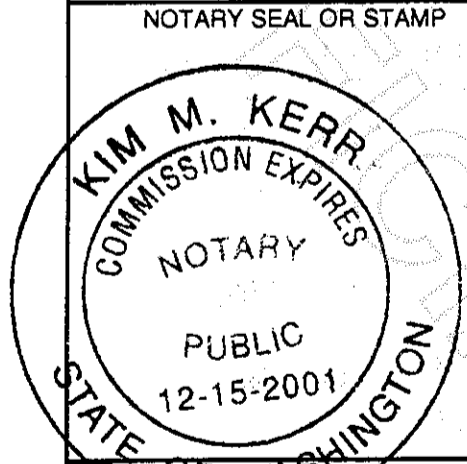
**1 MANUFACTURED HOME** FIRST AMERICAN TITLE CO.  
 TPO / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN) 63553  
 1996 LIBERTY 28 X 70 09L30262XU

**2 LAND** LEGAL DESCRIPTION ON PAGE  
 MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER 4632-000-042-0001 P106935  
 LOT 42 BLOCK PLAT NAME EAGLE VALLEY PUD SECTION/TOWNSHIP/RANGE

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE  
 COUNTY NUMBER NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS  
 NAME OF REGISTERED OWNER DOUGLAS K. SPRAGUE  
 NAME OF ADDITIONAL REGISTERED OWNER CHERYL A. SPRAGUE  
 ADDRESS CITY STATE ZIP CODE  
 5058 Aerie Lane Sedro Woolley, WA 98284  
 NAME OF LEGAL OWNER WESTERN SUNRISE AKA CROSSLAND MORTGAGE  
 NAME OF ADDITIONAL LEGAL OWNER  
 ADDRESS CITY STATE ZIP CODE  
 550 Kirkland Way Suite 400 Kirkland, WA 98033

**GRANTEE**  
 NAME

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 *Douglas K. Sprague*  
 Signature of Additional Registered Owner and Title, IF APPLICABLE *Cheryl A. Sprague*



**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**  
 State of Washington County of Skagit Signed or attested before me on 12/2/00  
 by *Douglas K. Sprague* Signature *Kim M. Kerr*  
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT  
 by *Cheryl A. Sprague* *Kim M. Kerr*  
 PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY  
 Title *Clover* AND: County/Office No. OR Dealer No. OR 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 # 336-9410 BLDG PERMIT # 95-1162  
 TAWNEE BOSMAN SKAGIT COUNTY PERMIT CENTER  
 SIGNATURE / POSITION DATE  
*Tawnee Bosman Support Services* 01/03/01

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

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <u>King</u>	Signed or attested before me on <u>12-7-00</u>
	by <u>Michelle Bentley</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	<u>Joanie Wood</u> PRINTED NAME OF NOTARY
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR _____ Dealer No. OR _____ Notary Expiration Date <u>4-15-04</u>	

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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) <u>Rodrigo Angulo</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>Skagit 290105</u>
SIGNATURE <u>[Signature]</u>	DATE <u>05/17/01</u>

**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  
 If you need special accomod



200105170089  
 , Skagit County Auditor