

RETURN ADDRESS

WASHINGTON MUTUAL BANK  
4111 Alderwood Mall Blvd  
Lynnwood, WA 98036



200107240105

, Skagit County Auditor

7/24/2001 Page 1 of 2 3:44:07PM

Ln #3592626-0  
ISLAND TITLE CO. 816464 ✓

**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 +056100	YEAR 1991	MAKE FLEETWOOD	LENGTH/WIDTH(FEET) 60 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) ORFLL48A12286BS
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**2 LAND** **LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER 350507-3-002-0400

LOT 3	BLOCK	PLAT NAME SKAGIT COUNTY SHORT PLAT NO.96-031	SECTION/TOWNSHIP/RANGE 7-35-5
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** **ADDITIONAL NAMES ON PAGE**

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER  
WEICHT, BRUCE L.

NAME OF ADDITIONAL REGISTERED OWNER  
WEICHT, CAROL A.

ADDRESS 24276 BRANDON LANE	CITY SEDRO WOOLLEY	STATE WA	ZIP CODE 98284
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NAME OF LEGAL OWNER  
WASHINGTON MUTUAL BANK

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS 4111 Alderwood Mall Blvd	CITY Lynnwood	STATE WA	ZIP CODE 98036
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**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 *Bruce L. Weicht*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Carol A. Weicht*

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

NOTARY SEAL OR STAMP:

State of Washington County of Skagit Signed or attested before me on 11/14/2000

by Bruce L. Weicht PRINT NAME OF REGISTERED OWNER Signature *Marcia Jennings* NOTARY OR AGENT

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

Title Notary Public DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR Dealer No. OR 10/5/2004 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) TAWNEE BOSMAN SKAGIT COUNTY PERMIT CENTER	BLDG PERMIT OFFICE/PHONE # 336-9140	BLDG PERMIT # BP00-1221
SIGNATURE / POSITION <i>Tawnee Bosman Support Services</i>		DATE 07/24/01

**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 *Wadsworth Street Gas*  
 Signature of Additional Legal Owner and Title, IF APPLICABLE *Washington Mutual Bank*

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <i>Snohomish</i>	Signed or attested before me on <i>11/16/2000</i>
	Signature <i>Washington Mutual</i> PRINT NAME OF LEGAL OWNER	Signature <i>Laurene Milner</i> NOTARY OR AGENT
	PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <i>Laurene Milner</i>
Title _____ DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <i>1/19/2001</i> Notary Expiration Date	

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

Lot 3, of SKAGIT COUNTY SHORT PLAT NO. 96-031, approved September 8, 1999, and recorded September 9, 1999, under Auditor's File No. 9909090091, records of Skagit County, Washington; being a portion of the Southwest Quarter of Section 7, Township 35 North, Range 5 East of the Willamette Meridian; EXCEPT the South 15 feet of said premises as awarded to Dean K. Wadsworth in that Judgment filed October 25, 2000, under Quiet Title Cause No. 99-2-01070-4 of Skagit County Superior Court.

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
<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) <i>Peggy A. Riedell</i>	COUNTY OFFICE/VEH OPERATOR NUMBER <i>29-01-04</i>
SIGNATURE <i>Peggy A. Riedell</i>	DATE <i>7/24/01</i>

**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  
if you need special accommodati



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