

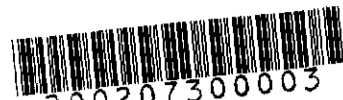
RETURN ADDRESS

FIRST AMERICAN TITLE COMPANY

PO Box 1667

Mount Vernon, WA 98273

01-66593



200207300003
Skagit County Auditor

7/30/2002 Page 1 of 2 8:42AM

SKAGIT COUNTY

PERMIT CENTER

MAR 19 2002

RECEIVED

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)
	2002	REDMAN	56 X 28	118-28748A/B

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 350423-1-016-0300 P117212

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
3		SP No SW-03-099	23,35,4

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	1

NAME OF REGISTERED OWNER: TURNER, MATTHEW A. TURNER MA306 RJ

NAME OF ADDITIONAL REGISTERED OWNER: PEASE, JENI L. PEASE JL278 JW

ADDRESS: 487 Brook Place Sedro Woolley, WA 98284

NAME OF LEGAL OWNER: LONG BEACH MORTGAGE COMPANY

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS: 4640 SW Macadam Avenue Suite 250 Portland OR 97201

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: *Matthew A. Turner*

Signature of Additional Registered Owner and Title, IF APPLICABLE: *Jeni L. Pease*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 2-22-02

by Matthew A. Turner Signature Kim M. Kerr
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Jeni L. Pease Signature Kim M. Kerr
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Closer AND: County/Office No. OR Dealer No. OR 1211505
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) ARDILL M COMBS BLDG PERMIT OFFICE/PHONE # 360-855-0771 BLDG PERMIT # #000167

SIGNATURE / POSITION *ARDILL M COMBS* BLDG PERMIT OFFICIAL DATE 3/2/02

UNRECORDED

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 *[Signature]* **RVP**

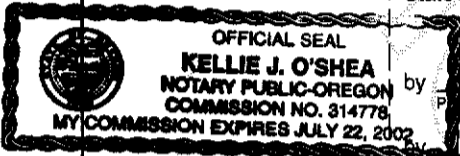
Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington **Oreca**
County of **Multnomah**

Signed or attested before me on **5/8/02**



by **Scott Smith**
PRINT NAME OF LEGAL OWNER

Signature *[Signature]*
NOTARY OR AGENT

PRINT NAME OF LEGAL OWNER

Notary Public
PRINTED NAME OF NOTARY

Title **Kellie J O'Shea**
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR **7 22 02**
Dealer No. OR **7 22 02**
Notary Expiration Date

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

Lot 3 SPSW-03-0991 app. Aug. 30, 2000 loc. Sept. 12, 2000 under AFN 200009120149, being a ptn. of the SW 1/4 of the NE 1/4 of S23, T35N, R4E, W1M;
T6W a non-exclusive easement for ingress, egress & utilities over, under & across the W 50' of L1 as del. on SP;
T6W a non-exclusive easement for ingress, egress & utilities over, under & across the W 30' L2 as del. on SP;
T6W a non-exclusive easement as del. on the deed under AFN 199909230053.

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) Midway Homes.		WA DEALER NUMBER 41601.	DATE OF SALE 2/22/02.
PURCHASE PRICE 77,868.40	TAX JURISDICTION/TAX RATE 7.8.	DEALER'S AUTHORIZED SIGNATURE <i>[Signature]</i>	
<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) Rodrigo Angulo	COUNTY OFFICE/VFS OPERATOR NUMBER 290605
SIGNATURE <i>[Signature]</i>	DATE 07/30/02

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



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Skagit County Auditor