

**RETURN ADDRESS**

Rex & Sherrie Dellbeck  
 23362 Hoogdal Road  
 Sedro Woolley, Wa. 98284



200308200115  
 Skagit County Auditor

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LAND TITLE COMPANY OF SKAGIT COUNTY

		<b>MANUFACTURED HOME APPLICATION</b>		<b>PLEASE CHECK ONE</b> <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2003	HBOS Mnfct	40x50	G00R23N27225ABC	
<b>2 LAND</b>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 350401-3-003-0013	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
29					
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
REX A. AND SHERRIE L. DILLBECK				DILLBRA481L9	
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
				DILLBSL493DM	
ADDRESS		CITY		STATE	ZIP CODE
23362 Hoogdal Road		Sedro Woolley		Wa	98284
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
PHOENIX SAVINGS BANK					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY		STATE	ZIP CODE
3500 188th Street SW #102,		Lynnwood		Wa	98037
<b>GRANTEE</b>					
NAME					
same as Granter					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AMARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
		<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>			
		State of Washington		Signed or attested before me on	
		County of Skagit		8/20/03	
		Rex A. Dillbeck		Signature	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		Sherrie L. Dillbeck		ROBBIE LEE FLYNN	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		Notary		County/Office No. OR	
		Title		Dealer No. OR	
		DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date	
				10/09/05	
<b>4 TITLE COMPANY CERTIFICATION</b>					
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	
LAND TITLE COMPANY				360-707-2312	
SIGNATURE / POSITION				DATE	
Haney, Closer				8/13/03	
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that:					
<input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> 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 #	
Georgine Rossen		SKAGIT COUNTY PERMIT CENTER 336 940		BP02-1520	
SIGNATURE POSITION				DATE	
Honey Room Support Services				8/11/03	

**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 *Phoenix Savings Bank by M. Nestor, Manager*

Signature of Additional Legal Owner and Title, IF APPLICABLE

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington	Signed or attested before me on <i>2/22/03</i>
	County of Skagit	Signature <i>Robbee Lee Flynn</i>
	by PHOENIX SAVINGS BANK	NOTARY OR AGENT
	PRINT NAME OF LEGAL OWNER	Signature <i>KAYDEEN FRANEY</i>
	by <i>Geoffrey M. Nestor, Manager</i>	PRINTED NAME OF NOTARY <i>Robbee L. Flynn</i>
	PRINT NAME OF LEGAL OWNER	County/Office No. OR <i>WA1010M</i>
	Title <i>Loan Counselor/Notary</i>	AND: Dealer No. OR <i>10109105</i>
	DEALERSHIP POSITION/AGENT/NOTARY	Notary Expiration Date <i>11/02/03</i>

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

Lot 2, Short Plat No. 93-062, recorded September 6, 2000, under Skagit County Auditor's File No. 200009060022, approved September 5, 2000, being a portion of the Northwest 1/4 and the Southwest 1/4 of Section 1, Township 35 North, Range 4 East, W.M.  
 TOGETHER WITH an easement for ingress, egress and utilities over and across the East 60 feet of Lot 1 of said Short Plat NO. 93-062.  
 Situate in the County of Skagit, State of 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) OAKWOOD MOBILE HOMES, INC.	WA DEALER NUMBER <i>4110</i>	DATE OF SALE 1/08/03
PURCHASE PRICE 95,671.00	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) <i>Peggy A. Riedell Graham</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <i>29-01-04</i>
SIGNATURE <i>[Signature]</i>	DATE <i>8/20/03</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 a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.