

RETURN ADDRESS

Land Title Company of Skagit County  
 P.O. Box 445  
 111 E. George Hopper Road  
 Burlington, WA 98233  
 109587-PE



200312230166  
 Skagit County Auditor  
 12/23/2003 Page 1 of 2 12:22PM

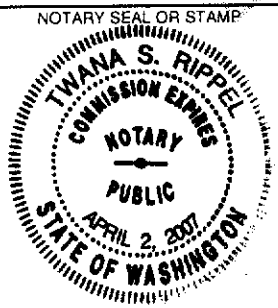
		<b>MANUFACTURED HOME APPLICATION</b>		<b>PLEASE CHECK ONE</b> <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, 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)	
&065789	1994	Liberty	28 X 44	09L27225XU	
<b>2 LAND</b>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 3869-015-024-0004/P63465		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
24	0	Cape Horn #2			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS (1) One		NUMBER OF LEGAL OWNERS (1) One	
NAME OF REGISTERED OWNER Scallion, Joan D.					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY		STATE ZIP CODE	
41982 Pine Street		Sedro Woolley		WA 98284	
NAME OF LEGAL OWNER Wells Fargo Home Mortgage, Inc.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY		STATE ZIP CODE	
1010 SE Everett Mall Way, Ste 202,		Everett, WA		98208	
<b>GRANTEE</b>					
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 <i>Joan D. Scallion</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skagit		Signed or attested before me on 12/4/03	
		by Joan D. Scallion PRINT NAME OF REGISTERED OWNER		Signature <i>Karen Ashley</i> NOTARY OR AGENT	
		by PRINT NAME OF REGISTERED OWNER		Karen Ashley PRINTED NAME OF NOTARY	
		Title DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR 9/11/06 Notary Expiration Date	
<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) Karen Ashley			TITLE COMPANY / PHONE NUMBER Land Title Company/(360)707-2312		
SIGNATURE / POSITION Escrow Officer			DATE 11/07/2003		
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) Georgine Rosson		BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENTER 336-9410		BLDG PERMIT # 26808/93-0682	
SIGNATURE / POSITION <i>Georgine Rosson</i> Permit Technician				DATE 12/3/03	

**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 Dianeel Martha Bmt

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



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

State of Washington Skagit Signed or attested before me on 12-18-03  
County of \_\_\_\_\_  
by \_\_\_\_\_ Signature Twana S. Rippe  
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT  
by \_\_\_\_\_  
PRINT NAME OF LEGAL OWNER Twana S. Rippe  
PRINTED NAME OF NOTARY  
Title CSR County/Office No. OR  
DEALERSHIP POSITION/AGENT/NOTARY AND: Dealer No. OR 4-2-07  
Notary Expiration Date

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

Lot 24, Block 0, "CAPE HORN ON THE SKAGIT DIVISION NO. 2", as per plat recorded in Volume 9 of Plats pages 14 through 19, inclusive, records of Skagit County, Washington.

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)		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>TEQUILA RIEDEL GRAHAM</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-84</u>
SIGNATURE <u>Tequila Riedel Graham</u>	DATE <u>12/23/03</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 has  
If you need special accommodations:

