

RETURN ADDRESS

Travis M. McCool
 Krista J. McCool
 23100 Hwy 9
 Mt Vernon WA 98274



200409200128
 Skagit County Auditor

9/20/2004 Page 1 of 3 2:19PM

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

TPO / PLATE NUMBER +303042	YEAR 2004	MAKE FLUVO	LENGTH/WIDTH/FEET 166X27	VEHICLE IDENTIFICATION NUMBER (VIN) ORFL34829696GX13
-------------------------------	--------------	---------------	-----------------------------	---------------------------------------------------------

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 330531-0-008-0100 P119152

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Sec 31, Twn 33, Rng 5	QUARTER/QUARTER SECTION
-----	-------	--------------------------------------------------------------	-------------------------

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

COUNTY NUMBER 39	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 0
---------------------	----------------------------------	-----------------------------

NAME OF REGISTERED OWNER Travis M. McCool DOL CUSTOMER ACCOUNT NUMBER _____
 NAME OF ADDITIONAL REGISTERED OWNER Krista J. McCool DOL CUSTOMER ACCOUNT NUMBER _____

ADDRESS 23100 State Route 9 CITY Mt Vernon STATE WA ZIP CODE 98274
 NAME OF LEGAL OWNER Same DOL CUSTOMER ACCOUNT NUMBER _____
 NAME OF ADDITIONAL LEGAL OWNER _____ DOL CUSTOMER ACCOUNT NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

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 Travis M. McCool by Kate Etlick for First American Title as Power of Attorney
 Signature of Additional Registered Owner and Title, IF APPLICABLE Krista J. McCool by Kate Etlick for First American Title as Power of Attorney

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

NOTARY PUBLIC State of Washington County of Skagit Signed or attested before me on 8-25-04

STATE OF WASHINGTON B. ELIZABETH THOMPSON My Appointment Expires JUNE 19, 2007

PRINT NAME OF REGISTERED OWNER Travis M. McCool Signature B. Elizabeth Thompson
 PRINT NAME OF REGISTERED OWNER Krista J. McCool PRINTED NAME OF NOTARY B. Elizabeth Thompson

Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 6-19-07

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) Elaine Pitman BLDG PERMIT OFFICE/PHONE # 336-7410 BLDG PERMIT # BPO3-0932
 SKAGIT COUNTY PERMIT CENTER

SIGNATURE / POSITION Elaine Pitman, Permit Technician DATE 9-16-04

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 of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of _____	Signed or attested before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Title _____ AND: Notary Expiration Date _____ DEALERSHIP POSITION/AGENT/NOTARY

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

See Attached

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) PEGGY A. RIEDELL GRATHALL	COUNTY OFFICE/VFS OPERATOR NUMBER 2201-04
SIGNATURE <i>Peggy A. Riedell Grathall</i>	DATE 9/20/04

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 special accommodations to individuals with disabilities. If you need special accommodation, please call 1-800-541-5900.



Schedule "C"
Legal description

The land referred to in this report/policy is situated in the State of Washington, County of Skagit, and is described as follows:

That Portion of Government Lot 2, Section 31, Township 33 North, Range 5 East, W.M.

Beginning at the Southeast corner of McMurray Cemetery, as said cemetery is described in that certain deed recorded March 14, 1919, under Auditor's File No. 131211 in Volume 112 of Deeds, page 255, records of Skagit County, Washington, said point being on the West line of said Government Lot 2, thence North along said West line, a distance of 395.98 feet, more or less, to the South line of the County road (now State Route 9); thence Southeasterly along said South line, a distance of 330 feet; thence Southwesterly to the point of beginning.



200409200128
Skagit County Auditor

9/20/2004 Page

3 of

3 2:19PM