



200412010088
Skagit County Auditor

12/1/2004 Page 1 of 2 1:54PM

RETURN ADDRESS

Washington Federal Savings

PO Box 527

Burlington, WA 98233

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 NEW	YEAR 03	MAKE SKY	LENGTH/WIDTH (FEET) 66X28	VEHICLE IDENTIFICATION NUMBER (VIN) B8910168R
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER **350401-2--005-0005**

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
			SUNN 1354

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

COUNTY NUMBER P35512	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER
Gregory C Hall

NAME OF ADDITIONAL REGISTERED OWNER
Amanda S Hall

ADDRESS 23116 Hoogdal Rd	CITY Sedro-Woolley	STATE WA	ZIP CODE 98284
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NAME OF LEGAL OWNER
Washington Federal Savings

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS 300 E Fairhaven Ave	CITY Burlington	STATE WA	ZIP CODE 98233
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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 *Gregory C Hall*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Amanda S Hall*

	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington County of Skagit	Signed or attested before me on 10/23/04
	by Gregory C Hall PRINT NAME OF REGISTERED OWNER	Signature <i>Doreen K. Nystrom</i> NOTARY OR AGENT
	by Amanda S Hall PRINT NAME OF REGISTERED OWNER	Printed Name of Notary Doreen K. Nystrom County/Office No. OR AND: Dealer No. OR 3/10/04 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) Georgine Rossen	BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENTER 336-9410	BLDG PERMIT # BP04-1086
SIGNATURE/POSITION <i>Georgine Rossen</i> Permit Technician		DATE 12/1/04

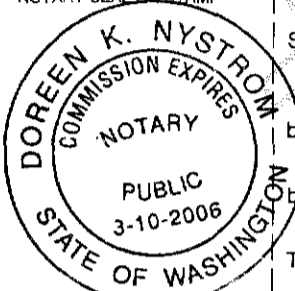
6 SIGNATURE OF LEGAL OWNER

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 Skagit

Signed or attested
before me on 11/09/04

by Washington Federal Savings
PRINT NAME OF LEGAL OWNER

Signature Doreen K. Nystrom
NOTARY OR AGENT

by Greg Peck, Vice-President
PRINT NAME OF LEGAL OWNER

Doreen K Nystrom
PRINTED NAME OF NOTARY

Title _____
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR _____
Dealer No. OR 3/10/06
Notary Expiration Date

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

The East 330 Feet of the West 990 Feet of the Following Described Tract:
That portion of the Southwest 1/4 of the Northwest 1/4 of Section 1, Township 35 North, Range 4 East, W.M. Lying South of the Hoogdal County Road right-of-way. Except County road along West side thereof. 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) <u>COACH CORRAL INC</u>		WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>10-21-04</u>
PURCHASE PRICE <u>72000-</u>	TAX JURISDICTION/TAX RATE <u>7.9</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</u>	

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>Rodrigo Angulo</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-02</u>
SIGNATURE 	DATE <u>12/01/04</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 a policy of providing equal access to its services. If you need special accommodation, please contact us.

