



200412010092  
Skagit County Auditor

RETURN ADDRESS

Washington Federal Savings

PO Box 527

Burlington, WA 98233

12/1/2004 Page 1 of 2 1:58PM

**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 <b>NEW</b>	YEAR <b>03</b>	MAKE <b>SKY</b>	LENGTH/WIDTH (FEET) <b>60 X 28</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>D1910510R</b>
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**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER  
**3822-000-100-0009**

LOT <b>100</b>	BLOCK	PLAT NAME <b>Skyline Div No 6</b>	SECTION/TOWNSHIP/RANGE
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS <b>One</b>	NUMBER OF LEGAL OWNERS <b>One</b>
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NAME OF REGISTERED OWNER

**Emily Olson**

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS <b>48-638 Hepburn Dr</b>	CITY <b>Indio</b>	STATE <b>CA</b>	ZIP CODE <b>92203</b>
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NAME OF LEGAL OWNER  
**Washington Federal Savings**

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS <b>425 Pike Street</b>	CITY <b>Seattle</b>	STATE <b>WA</b>	ZIP CODE <b>98101</b>
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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 *Emily Olson*

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

	<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>	
	State of Washington County of <b>Skagit</b>	Signed or attested before me on <b>8/06/04</b>
	by <b>Emily Olson</b> PRINT NAME OF REGISTERED OWNER	Signature <i>Doreen K Nystrom</i> NOTARY OR AGENT
	by _____ PRINT NAME OF REGISTERED OWNER	<b>Doreen K Nystrom</b> PRINTED NAME OF NOTARY
Title _____ DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. <b>OR</b> Dealer No. <b>OR 3/10/06</b> 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
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SIGNATURE / POSITION	DATE
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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) <b>William J. Koepke</b>	BLOG PERMIT OFFICE/PHONE # <b>(360) 293-1901</b>	BLDG PERMIT # <b>04-9680-615104</b>
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SIGNATURE / POSITION <i>William J. Koepke Bldg Insp.</i>	DATE <b>11-19-04</b>
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0432304-2 0002 11/18/2004 002  
Permit Fees: 005070 \$25.00

**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]*

Signature of Additional Legal Owner and Title, IF APPLICABLE

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>11/10/04</u>
	by <u>Greg Peck</u> <small>PRINT NAME OF LEGAL OWNER</small> <u>Vice-President and Manager</u> by <u>for Washington Federal Savings</u> <small>PRINT NAME OF LEGAL OWNER</small>	Signature <u>Doreen K. Nystrom</u> <small>NOTARY OR AGENT</small> <u>Doreen K Nystrom</u> <small>PRINTED NAME OF NOTARY</small>
	Title _____ <small>DEALERSHIP POSITION/AGENT/NOTARY</small>	AND: County/Office No. <u>OR</u> Dealer No. <u>OR</u> <u>3/10/06</u> Notary Expiration Date

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

Lot 100, "Skyline Division No. 6", as recorded in Volume 9 of Plats, page 64-67A, records of Skagit County, 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>8-11-04</u>
PURCHASE PRICE <u>59900-</u>	TAX JURISDICTION/TAX RATE <u>7.9</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</u>	
<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) <u>Patricia Angulo</u>	COUNTY OFFICE/VES OPERATOR NUMBER <u>2901-02</u>
SIGNATURE <i>[Signature]</i>	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 at 1-800-541-9995.



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