

RETURN ADDRESS

Wesley & Kathy Hagen
 15124 56th Ave. West
 Edmonds, Wa. 98020
 Escrow #114981-PE



200504210002
 Skagit County Auditor

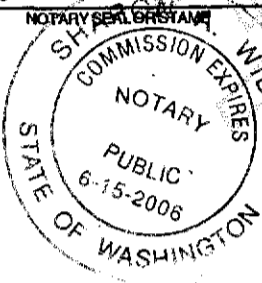
4/21/2005 Page 1 of 2 8:58AM

LAND TITLE OF SKAGIT COUNTY

		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <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 48.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
90031994	1991	Oakspring	66 X 28	32910650DAB	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 350301-2-003-0008	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		1	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
WESLEY T. HAGEN					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
KATHY S. HAGEN					
ADDRESS		CITY		STATE	ZIP CODE
15124 56th Ave. West		Edmonds		Wa	98020
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Frontier Bank					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY		STATE	ZIP CODE
2831 Colby		Everett,		Wa.	9826
GRANTEE					
NAME same as grantor					
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington		County of Skagit		Signed or attested before me on 3-25-05	
by Wesley T. Hagen		Signature		NOTARY OR AGENT	
by Kathy S. Hagen		Signature		PRINTED NAME OF NOTARY	
Title notary		AND: County/Office No. OR Dealer No. OR		Notary Expiration Date 11-02-06	
DEALERSHIP POSITION/AGENT/NOTARY					
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: <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 #	
Cindy Gauthier		360-336-9410		22068	
SIGNATURE / POSITION		DATE			
		Planning & Development Services		4/18/05	

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 Frontier Bank
by William M. [unclear]
ITS: A V P
 Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
 State of Washington County of Innocent Signed or attested before me on 3-20-05
 by Frontier BANK Signature Marian A. Widen
 PRINT NAME OF LEGAL OWNER NOTARY OR AGENT
 by SKAGIT A. WIDEN
 PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY
 Title Notary AND: County/Office No. OR Dealer No. OR 6-15-06
 DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date



7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's)
 The Southeast 1/4 of the Northwest 1/4, Section 1, Township 35 North, Range 3 East, W.M., EXCEPT any portion thereof lying within the Swanson County Road 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	
<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) Shirley Macrea COUNTY OFFICE/AGS OPERATOR NUMBER 290-01
 SIGNATURE Shirley Macrea DATE 4/21/05

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.

