CHICAGO TITLE IC34821 STATE OF WASHINGTON MANUFACTURED HOME PLEASE CHECK ONE XXITITLE ELIMINATION TRANSFER IN LOCATION TRANSFER IN LOCATION 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) MANUFACTURED HOME	RETUAN ADDRESS			ļ	200508	180075
CHICAGO TITLE IC34821 CHICAGO TITLE IC34821 CHICA	44 m	i		8/18/20	OKAGIT Cou.	4 -
MANUFACTURED HOME APPLICATION APPLICATION APPLICATION TRANSFER IN LOCATION TRANSFER			·			1 of 411:
MANUFACTURED HOME APPLICATION APPLICATION APPLICATION TRANSFER IN LOCATION TRANSFER	I the second of				•	
MANUFACTURED HOME APPLICATION APPLICATION APPLICATION TRANSFER IN LOCATION TRANSFER						
MANUFACTURED HOME APPLICATION APPLICATION APPLICATION TRANSFER IN LOCATION TRANSFER						
MANUFACTURED HOME APPLICATION APPLICATION APPLICATION TRANSFER IN LOCATION TRANSFER		N.		CHTCAGO	TITLE IC3	4821
TOP TATE NUMBER 1996 SKYLN SKYLN SKYLN 1996 SKYLN	ICENSIN Anyone who knowingly mof a felony, and upon con	G akes a false statement viction may be punished.	PPLICATION tof a material fact is gui	XKXTII TR ∐RE	TLE ELIMINA ANSFER IN I	TION LOCATION
LAND LEGAL DESCRIPTION ON PAGE LAND LEGAL DESCRIPTION ON PAGE LEGAL DESCRIPTION ON PAGE RANJEACTURED HOME WILL BE XX AFFIXED REMOVED REAL PROPERTY TAX PARCE IN MORE 10 10321 ADDITIONAL NAMES ON PAGE PLAT OF EAGLE HILL GRANTOR(S) REGISTERED/LEGAL OWNERS) ADDITIONAL NAMES ON PAGE RONNIE R. CORNE WAME OF AROTHORN REGISTERED OWNER STACEY L. CORNE WAME OF AROTHORN REGISTERED OWNER SIGNATURE OF REGISTERED OWNER SIGNATURE WAS 98.237 WAME OF LOAD OWNER DOS SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AMMARE THE REGISTERED OWNER(S) OF THIS THIS INFORMATION IS ACCURATE: SIGNATURE OF REGISTERED OWNER AND THIS INFORMATION IS ACCURATE: SIGNATURE OF REGISTERED OWNER AND THIS INFORMATION IS ACCURATE: NOTARY SEAPORT AND THIS INFORMATION IS ACCURATE: NOTARY SEAPORT AND THIS INFORMATION IS ACCURATE: NOTARY SEAPORT AND THIS INFORMATION IS ACCURATE. SIGNATURE OF REGISTERED OWNER NOTARY SEAPORT AND THIS INFORMATION IS ACCURATE. SIGNATURE OF REGISTERED OWNER NOTARY SEAPORT AND THIS INFORMATION IS ACCURATE. SIGNATURE OF REGISTERED OWNER NOTARY SEAPORT AND THE REGISTERED OWNER IS SIGNATURE SIGNATURE OF REGISTERED OWNER PRINTED NAME OF R			LENGTH-WIDTH(FEET)	VEHICLE IDENTIFIC	ATION NUMBER (VI	N)
MANUFACTURED HOME WILL BE X AFRIXED REMOVED OTHER STATE OF EAGLE HILL GRANTOR(S) REGISTERED/LEGAL OWNER(S) JOINTY MUMBER ONLINGER OF REGISTERED OWNERS NUMBER OF REGISTERED OWNERS NOTARS AND	+095669 19	A 700 A 700	48 X 28	2T9107	951	***
MANDERACTURED HOME WILL BE XXX AFFIXED REMOVED 4660-000-011-0000 P1984T OT 9LOCK PLAT ME PLAT OF EAGLE HILL SECTIONISM PRIVATE OT 9LOCK PLAT ME PLAT OF EAGLE HILL SECTIONISM PRIVATE OT 9LOCK PLAT ME PLAT OF EAGLE HILL SECTIONISM PRIVATE OT 9LOCK PLAT ME PLAT OF EAGLE HILL OT PLAT OF EAGLE HILL SECTIONISM PRIVATE OT PLAT OF EAGLE HILL SECTIONISM PRIVATE OTHER NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS NUMBER OF REGISTERED OWNER STATE ZIP CODE WAS 98237 MANUAL OF ADDITIONAL LEGAL OWNER DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AMMARE THE REGISTERED OWNER(S) OF THIS THICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner Registered Owner Signature of Registered Owner	2 LAND		LEGAL			
TITLE COMPANY OF REGISTERED OWNER AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE NOTARY STADE NOTARY STADE NOTARY DESTRETE OWNERS NAME OF ACCURATE STATE ZIP CODE MOUNT VERNON WA 98273 GRANTEE MAME OF LEGAL OWNER PEOPLES BANK AME OF ACAL OWNER PEOPLES BANK AME OF ACAL OWNER DORRESS CITY STATE ZIP CODE MOUNT VERNON WA 98273 GRANTEE MARY SIGNATURE PENALTY OF PERJURY THATI/WE AM/ARE THE REGISTERED OWNER(S) OF THIS SIGNATURE OF REGISTERED OWNER SIGNATURE SIGNATURE OF ACCURATE SIGNATURE SIGNATURE OF ACCURATE SIGNATURE NOTARY STAMP NOTARY STAMP NOTARY STAMP NOTARY STAMP NOTARY STADE SIGNATURE SIGNATURE OF ACCURATION STACEY I. CORNE PRINTED MANE OF ACCURATION DEALER ON	MANUFACTURED HOME	WILL BE XX AFFIXE	D REMOVED	4660-000	0-011-0000	P108411
GRANTOR(S) REGISTERED/LEGAL OWNER(S) NUMBER OF REGISTERED OWNERS STATE ZIP CODE WA 98237 WAS 98237	" '		EAGLE HILL		SECTION/TOW	NSHIP/RANGE 0
NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS AND A CONTROLL REGISTERED OWNER RONNIE R. CORNE WANGE OF ADDITIONAL REGISTERED OWNER STACEY L. CORNE WANGE OF ADDITIONAL REGISTERED OWNER STACEY L. CORNE WANGE OF ADDITIONAL REGISTERED OWNER STACEY L. CORNE WANGE OF ADDITIONAL REGISTERED OWNER PEOPLES BANK MANGE OF ADDITIONAL LEGAL OWNER DODGRESS CITY STATE ZIP CODE STATE ZIP CODE 1801 RIVERSIDE DRIVE MOUNT VERNON WA 98273 GRANTEE AME DO SOLEMINLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AMARE THE REGISTERED OWNER(S) OF THIS RECIPION OF THIS INFORMATION IS ACCURATE: Signature of Additional Registered Owner and Tille, IF APPLICABLE SIGNATURE OF ADDITIONAL STATE NOTARY SEA OR STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE SIgnature Of Additional Registered Owner and Tille, IF APPLICABLE DY RONNIE R. CORNE SIgnature Of Additional Registered Owner and Tille, IF APPLICABLE DY RONNIE R. CORNE DY RONNIE R. CORNE SIgnature Of ADDITIONAL STATE OWNER OF REGISTERED OWNER ON THIS ADDITIONAL STATE OWNER OF REGISTERED OWNER ON THIS ADDITIONAL STATE OWNER OF REGISTERED OWNER ON THIS ADDITIONAL STATE OWNER OF REGISTERED OWNER OWNER OF THIS ADDITIONAL STATE OWNER OF THE PRINTED OWNER OF REGISTERED OWNER OWNER OF THIS ADDITIONAL STATE OWNER OF THE PRINTED OWNER OF REGISTERED OWNER OWNER OF THE PRINTED OWNER OWNER OF THE PRINTED OWNER O		7) 30 60	n ¹⁷	ONAL NAMES	ON PAGE	
AME OF ADDITIONAL REGISTERED OWNER RONNIE R. CORNE AME OF ADDITIONAL REGISTERED OWNER STACEY L. CORNE DORRESS CITY STATE JP CODE STACEY L. CORNE AME OF ADDITIONAL LEGAL OWNER DORRESS CITY STATE JP CODE STATE JP CODE STATE JP CODE MOUNT VERNON WA 98273 SHANTEE AME DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AM/ARE THE REGISTERED OWNER(S) OF THIS ENICLE AND THIS INFORMATION IS ACCURATE: Signature of Additional Registered Owner and Title, IF APPLICABLE NOTARY SHAPPS STAMP NOTARY SHAPPS SHA	OUNTY NUMBER	NUMBER	OF REGISTERED OWNERS	NUI		
RONNIE R. CORNE MAGE OF ADDITIONAL REGISTERED OWNER STACEY L. CORNE ODRESS OTY STATE ZIP CODE WA 98237 MARGO FLEAR COWNER PEOPLES BANK AME OF ADDITIONAL LEGAL OWNER PEOPLES BANK MARGO FLOAD CONTROLL ODRESS OTHY STATE ZIP CODE MOUNT VERNON WA 98273 RANTEE MOUNT VERNON WA 98273 RANTEE ME DO SOLEMINLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AMARE THE REGISTERED OWNER(S) OF THIS ENICLE AND THIS INFORMATION IS ACCURATE: SIgnature of Registered Owner and Title, IF APPLICABLE MOTARY STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER (S) SIGNATURE SIGNATURE OF REGISTERED OWNER NOTARY STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER (S) SIGNATURE SIGNATURE OF REGISTERED OWNER SIGNATURE SIGNATURE OF REGISTERED OWNER SIGNATURE NOTARY STAMP NOTAR	IAME OF REGISTERED OWNER	The state of the s				·
TITLE COMPANY / PHONE NUMBER DORSES CITY STATE ZIP CODE WA 98237 STATE ZIP CODE WA 98273 STATE ZIP CODE STATE ZIP CODE WA 98273 STATE ZIP CODE WA 98273 STATE ZIP CODE WA 98273 STATE ZIP CODE STATE ZIP CODE SIGN TURE SIG	RONNIE R. CORNE	ED OWNER			·	
TREAT VILLE AND THIS INFORMATION IS ACCURATE: SIGNATURE OF ARBITICATION STATE ZIP CODE STATE ZIP CODE STATE ZIP CODE STATE ZIP CODE MOUNT VERNON WA 98273 BRANTEE MOUNT VERNON FREGISTERED OWNER(S) OF THIS Signature of REGISTERED OWNER(S) SIGNATURE SIGNATURE FAIL OF THE PRINTED AND SIGNATURE MOUNT VERNON FOR REGISTERED OWNER(S) SIGNATURE SIGNATURE FAIL OF THE PRINTED AND SIGNATURE FRINT NAME OF REGISTERED OWNER PRINTED NAME OF REGISTERED OWNER PRINTED NAME OF REGISTERED OWNER TITLE COMPANY PHONE NUMBER MOTARY Expiration Date TITLE COMPANY PHONE NUMBER MOTARY PHONE NUMBER BUILDING PERMIT OFFICE CERTIFICATION BUILDING PERMIT OFFICE CERTIFICATI						
DORSOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS SIGNATURE ME DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS EHICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE MOTARY SEPONDE STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE Signature of Additional Registered Owner and Title, IF APPLICABLE NOTARY SEPONDE STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE Signed or attested Defore me on 6-13-05 BY PRINT NAME OF REGISTERED OWNER THE NOTARY AND EMPLY		DRIVE	W. 41			
DORESS CITY STATE ZIP CODE 1801 RIVERSIDE DRIVE MOUNT VERNON WA 98273 BRANTEE ME DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AM/ARE THE REGISTERED OWNER(S) OF THIS ENICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE Ignature of Registered Owner and Title, IF APPLICABLE Ignature of Additional Registered Owner and Title, IF APPLICABLE Ignature of Registered Owner and Title, IF APPLICABLE NOTARY SEAD OF THE OWNER(S) SIGNATURE State of Washington State of Washington State of Washington State of Washington Signed or attested below me on 6-13-05 BY PRINT HAME OF REGISTERED OWNER NOTARY AND MARY ANNE MEYER PRINTED NAME OF NOTARY DEALERSHIP POSITIONAGENTANOTARY NOTARY PRINTED NAME OF NOTARY DEALERSHIP POSITIONAGENTANOTARY NOTARY PRINTED NAME OF NOTARY TITLE COMPANY / PHONE NUMBER MATURE / POSITION DATE BUILDING PERMIT OFFICE CERTIFICATION 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. BUILDING PERMIT OFFICE CERTIFICATION BUILDING PERMIT OFFICE PERMIT OFFICE PERMIT OFFICE PERMIT OFFICE PERMIT OFFICE PHONE ## BUILDING PERMIT OFFICE PERMIT OFFICE PERMIT OFFICE PERMIT OFFICE PHONE ## BUILDING		DRIVE	300000000000000000000000000000000000000	ais .		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TITLE COMPANY CERTIFICATION WAS PRINTED ON PRINTED) TOTARY POSITION Certify that: The manufactured home has been affixed to the real property as described. BUDG PERMIT OFFICE CERTIFICATION Certify that: The manufactured home has been affixed to the real property as described. BUDG PERMIT OFFICE CERTIFICATION CERTIFICATION BUDG PERMIT OFFICE CERTIFICATION CERTIFICATION CERTIFICATION BUDG PERMIT OFFICE CERTIFICATION CERTIFICATION BUDG PERMIT OFFICE PERMIT OFFICE CERTIFICATION BUDG PERMIT OFFICE PERMIT OFFICE PERMIT & BUDG PERMIT A BUDG PERMIT A BUDG PERMIT A BUDG PERMIT B BUDG PERMIT B BUDG PERMIT B BUDG PE			Ng sell			
1801 RIVERSIDE DRIVE MOUNT VERNON WA 98273 GRANTEE MALE PROOF STAND STAND STAND NOTARY SEASON OF THIS EMICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE NOTARY SEASON STAND NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington STAND STAND STAND NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington STAND STAND NOTARY SEASON OF THIS EMPIRIT NAME OF REGISTERED OWNER STACEY L. CORNE PRINT NAME OF REGISTERED OWNER NOTARY OF AGENT NOTARY	WIE OF ADDITIONAL LEGAL OW	NEM .	Salar and American			
DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS EHICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE NOTARY SEA OF STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of SKAGIT Signed or attested before me on 6-13-05 WARY ANNE MEXER PRINT NAME OF REGISTERED OWNER Signature Of AGENT WARY ANNE MEXER PRINT NAME OF REGISTERED OWNER PRINT NAME OF REGISTERED OWNER TITLE COMPANY COUNT/Office No. OR 3-5-09 NOTARY DEALERSHIP POSITION/AGENT/AND/OFFICE OWNER WAS AND: DEALERSHIP POSITION/AGENT/AND/OFFICE OWNER INTITLE COMPANY / PHONE NUMBER WAS AND DEALERSHIP POSITION DATE TITLE COMPANY / PHONE NUMBER WAS AND DEALERSHIP POSITION DATE WAS AND DEALERSHIP POSITION OF THE PRINTED NUMBER WAS AND DEALERSHIP POSITION DATE WAS AND DEALERSHIP POSITION DATE WAS AND DEALERSHIP POSITION DATE WAS AND DEALERSHIP POSITION OF THE PRINTED NUMBER WAS AND DEALERSHIP POSITION DATE WAS AND DEALERSHIP POSITION OF THE PRINTED NUMBER WAS AND DEALERSHIP POSITION DATE WAS AND DEALERSHIP POSITION OF THE PRINTED NUMBER WAS AND DEALERSHIP POSITION DATE WAS AND DATE WAS AND DATE WAS AND DATE WA		RIVE	- 1	non		
DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS EHICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE NOTARY SEA OF STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of SKAGIT Signed or attested before me on 6-13-05 by RONNIE R. CORNE PRINT NAME OF REGISTERED OWNER SIGNATURE NOTARY ANNE MEYER PRINTED NAME OF NOTARY COUNTYOTIES NOTARY DEALERSHIP POSITION/AGENT/NOTARY TITLE COMPANY CERTIFICATION BOTH THE INDICATION TITLE COMPANY PHONE NUMBER INDICATION DATE ME (TYPED OR PRINTED) THE COMPANY PHONE NUMBER BUILDING PERMIT OFFICE CERTIFICATION BUILDING PERMIT OFFICE PHONE PHO	GRANTEE		And the second s	Salah Maria Salah Salah Sa		
NOTARY SEALOR STAMP SIGNATURE State of Washington County of SKAGIT Signed or attested before me on _6-13-05 by RONNIE R. CORNE PRINT NAME OF REGISTERED OWNER DEALERSHIP POSITION/AGENT/NOTARY TITLE COMPANY CERTIFICATION POSITION POSITION NOTARY TITLE COMPANY CERTIFICATION TITLE COMPANY CERTIFICATION DATE BUILDING PERMIT OFFICE CERTIFICATION Certify that: The manufactured home has been affixed to the real property as described. THE COMPANY CERTIFICATION BLOG PERMIT OFFICE CERTIFICATION BLOG PERMIT OFFICE PHONE IS BLOG PERMIT IS DUTY IN AUGUST AND IN SPECIAL OFFICE PHONE IS BLOG PERMIT IS DUTY IN AUGUST AND IN SPECIAL OFFICE PHONE IS BLOG PERMIT IS DUTY IN AUGUST AND IN SPECIAL OFFICE PHONE IS BLOG PERMIT IS BLOG PERMIT IS DUTY IN AUGUST AND IN SPECIAL OFFICE PHONE IS BLOG PERMIT IS BLOG PERMIT IS DUTY IN AUGUST AND IN AUGUST AND IN SPECIAL OFFICE PHONE IS BLOG PERMIT IS BLOG P	CINCLE AND THIS INFOR	MATION IS ACCURAT	t: · →	AM/ARE THE R	EGISTERED O	WNER(S) OF THIS
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of SKAGIT Signed or attested before me on6-13-05 byRONNIE R. CORNE PRINT NAME OF REGISTERED OWNER DySTACEY L. CORNE PRINT NAME OF REGISTERED OWNER TitleNOTARY DEALERSHIP POSITION/AGENT/NOTARY TITLE COMPANY CERTIFICATION ertify that the legal description of the land and ownership is true and correct per the real property records. ME (TYPED OR PRINTED) TITLE COMPANY / PHONE NUMBER INSTACEY L. CORNE PRINT D NAME OF NOTARY County/Office No. OR3-5-09 Notary Expiration Date TITLE COMPANY / PHONE NUMBER INSTACEY L. CORNE PRINT D NAME OF NOTARY County/Office No. OR3-5-09 Notary Expiration Date TITLE COMPANY / PHONE NUMBER INSTACEY POSITION DATE TITLE COMPANY / PHONE NUMBER INSTACEY COUNTY (LA NUMBER) DATE BLDG PERMIT OFFICE/PHONE * BLDG PERMIT			<u> </u>	Trans	Cour	2
State of Washington County of SKAGIT Signed or attested before me on 6-13-05 by RONNIE R. CORNE PRINT NAME OF REGISTERED OWNER SIGNATURE OF NOTARY DEALERSHIP POSITION DATE ITILE COMPANY CERTIFICATION INTERIOR PRINTED) Signature Model of Adjusting Mary ANNE MEYER PRINTED NAME OF NOTARY County/Office No. OR 3-5-09 Notary Expiration Date TITLE COMPANY CERTIFICATION ITILE COMPANY / PHONE NUMBER INATURE / POSITION DATE INTERIOR PRINTED DATE INTERIOR PRINTED DATE SIGNATURE OF ACIENT MARY ANNE MEYER PRINTED NAME OF NOTARY County/Office No. OR 3-5-09 Notary Expiration Date TITLE COMPANY / PHONE NUMBER INTERIOR PRINTED DATE DATE SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary Expiration Date TITLE COMPANY / PHONE NUMBER DATE SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary Expiration Date TITLE COMPANY / PHONE NUMBER SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER DATE SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER SIGNATURE OF NOTARY County/Office No. OR 3-5-09 Notary PHONE NUMBER SIGNATURE OF NOTARY COUNTY/Office No. OR 3-5-09 NOTARY PHONE NUMBER SIGNATURE OF NOTARY COUNTY/Office No. OR 3-5-09 NOTARY PHONE NUMBER SIGNATURE OF NOTARY COUNTY/Office No. OR 3-5-09 NOTARY PHONE NUMBER SIGNATURE OF NOTARY COUNTY/Office No. OR 3-5-09 NOTARY PHONE NUMBER SIGNATUR				FOR PERSON	PEDOWNIE	A CIONATAIR T
County of SKAGTT before me on 6-13-05 by RONNIE R. CORNE PRINT NAME OF REGISTERED OWNER BY STACEY L. CORNE PRINT NAME OF REGISTERED OWNER DEALERSHIP POSITION/AGENT/NOTARY PRINTED NAME OF NOTARY County/Office No. OR 3-5-09 Notary Expiration Date TITLE COMPANY CERTIFICATION BY STACEY L. CORNE PRINTED NAME OF NOTARY County/Office No. OR 3-5-09 Notary Expiration Date TITLE COMPANY CERTIFICATION TITLE COMPANY / PHONE NUMBER BIATURE / POSITION DATE THE COMPANY / PHONE NUMBER BUILDING PERMIT OFFICE CERTIFICATION Certify that: The manufactured home has been affixed to the real property as described. The manufactured home has been affixed to the real property as described. The manufactured home has been affixed to the real property as described. THE COMPANY / PHONE NUMBER BUILDING PERMIT OFFICE CERTIFICATION Certify that: The manufactured home has been affixed to the real property as described. THE COMPANY / PHONE NUMBER BLIC PERMIT & BLIC P	ANNE 4			74	18 pt	SIGNATURE
PRINT NAME OF REGISTERED OWNER DY STACEY L. CORNE PRINTED NAME OF NOTARY PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY Title NOTARY DEALERSHIP POSITION/AGENT/NOTARY TITLE COMPANY CERTIFICATION POSITION PRINTED NAME OF NOTARY AND: Dealer No. OR 3-5-09 Notary Expiration Date TITLE COMPANY PHONE NUMBER INTERIOR PRINTED) TITLE COMPANY / PHONE NUMBER DATE THE COMPANY / PHONE NUMBER THE COMPANY / PHONE NUMBER DATE THE COMPANY / PHONE NUMBER DATE THE COMPANY / PHONE NUMBER BUILDING PERMIT OFFICE CERTIFICATION Certify that: The manufactured home has been affixed to the real property as described. The manufactured home has been affixed to the real property as described. The manufactured home has been affixed to the real property as described. The manufactured home has been affixed to the real property as described. The manufactured home has been affixed to the real property as described. THE COMPANY / PHONE NUMBER BUILDING PERMIT OFFICE PHONE NUMBER THE COMPANY / PHONE NUMBER BLOG PERMIT N	WASSION CA	County o	f <u>SKAGIT</u>			6-13-05
STACEY L. CORNE PRINTED NAME OF NOTARY Title NOTARY DEALERSHIP POSITION/AGENT/NOTARY PRINTED NAME OF NOTARY TITLE COMPANY CERTIFICATION ertify that the legal description of the land and ownership is true and correct per the real property records. ME (TYPED OR PRINTED) DATE TITLE COMPANY I PHONE NUMBER DATE TRILLE COMPANY I PHONE NUMBER DATE DATE	C NOTAR DE			Signature.	Mary	meMuze
Title NOTARY DEALERSHIP POSITION/AGENT/NOTARY TITLE COMPANY CERTIFICATION Perify that the legal description of the land and ownership is true and correct per the real property records. ME (TYPED OR PRINTED) TITLE COMPANY / PHONE NUMBER TITLE COMPANY / PHONE NUMBER DATE DEALERSHIP POSITION DEALERSHIP POSITION DEALERSHIP POSITION DEALERSHIP POSITION DATE DA	M PUBLIC >			MARY	0	7 3 A
TITLE COMPANY CERTIFICATION ertify that the legal description of the land and ownership is true and correct per the real property records. ME (TYPED OR PRINTED) DATE TABLES THIS application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. BUILDING PERMIT OFFICE CERTIFICATION Certify that: The manufactured home has been affixed to the real property as described. The manufactured home has been issued for this purpose and the attachment will be inspected upon completion. THE (TYPED OR PRINTED) BLOG PERMIT OFFICE/PHONE BLOG PERMIT BLOG PERMIT	272 05-09	1 27077 777	GISTERED OWNER	PRINTED NA		No OB
TITLE COMPANY CERTIFICATION ertify that the legal description of the land and ownership is true and correct per the real property records. ME (TYPED OR PRINTED) TITLE COMPANY / PHONE NUMBER DATE THE COMPANY / PHONE NUMBER DATE THE COMPANY / PHONE NUMBER DATE DATE DATE THE COMPANY / PHONE NUMBER DATE DATE THE COMPANY / PHONE NUMBER DATE DATE THE COMPANY / PHONE NUMBER DATE DA	WASHING!	DEALERSHIP POSIT	FION/AGENT/NOTARY	AND	: Dealer	No. OR <u>3−</u> 5−09
TITLE COMPANY / PHONE NUMBER INATURE / POSITION DATE TRAILIZE this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. BUILDING PERMIT OFFICE CERTIFICATION 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. BLOG PERMIT OFFICE/PHONE # BLOG PERMIT # DATE BLOG PERMIT # DATE BLOG PERMIT # DATE DA					Age of the second	
NATURE / POSITION DATE Inalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. BUILDING PERMIT OFFICE CERTIFICATION Certify that: The manufactured home has been affixed to the real property as described. The manufactured home has been issued for this purpose and the attachment will be inspected upon completion. BLOG PERMIT OFFICE/PHONE # BLOG PERMIT # SHARP OF THE TOTAL OR ATT COUNTY PLANNING - 360/3% - 9410 BLOG PERMIT #	ertify that the legal descript ME (TYPED OR PRINTED)	on of the land and owne				
BUILDING PERMIT OFFICE CERTIFICATION Certify that: Building permit has been affixed to the real property as described. Building permit has been issued for this purpose and the attachment will be inspected upon completion. BLOG PERMIT OFFICE/PHONE # BLOG PERMIT # BLOG PERMIT # BLOG PERMIT # BLOG PERMIT #	NATURE / POSITION	<u></u>				DATE
BUILDING PERMIT OFFICE CERTIFICATION 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. BLOG PERMIT OFFICE/PHONE * BLOG PERMIT * BLOG PERMIT * DEST ANNUME - 360/3% - 94/0 BLOG PERMIT *			<u> </u>			
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. BLOG PERMIT OFFICE/PHONE # BLOG PERMIT # BLOG PERMIT # BLOG PERMIT # BLOG PERMIT #	BUILDING REPAIR	a Licensing Agent wit	thin 10 calendar days o	f the date Title (Company Repri	esentative signs.
a building permit has been issued for this purpose and the attachment will be inspected upon completion. BLDG PERMIT OFFICE/PHONE # BLDG PERMIT # BLDG PERMIT # BLDG PERMIT # BLDG PERMIT #			een affixed to the real ar	nerty se desert	ned	
ME (TYPED OR PRINTED) BLOG PERMIT OFFICE/PHONE # BLOG PERMIT # 1914 CAMP DE LL - SKADIT COUNTY PLANNING -360/33/-9410 95-1757	a build	ling permit has been iss	ued for this purpose and	the attachment v	vill be inspected	upon completion.
Till and bell for the	ME (TYPED OR PRINTED)	BLI	DG PERMIT OFFICE/PHONE #	21/		
	MALIGRE / PUSHION	ush ll l	12 m + 1			PATE

SIGNATURE OF	LEGAL OWNER		1			
		ATES CONSENT FØ	RELIMINATIO	OF THE FREMO	VAL FROM	REAL PROPERT
		· K	Sen 1	(Ban)		11 . 1
Signature o	of Legal Owner and T	itle, IF APPLICABLE	JAM	-	16011	"GIO BAY
named Addison	L enal Owner and T	itle, IF APPLICABLE				
W. AIE BERY	ANG.	·		N FOR LEGAL OWN	FR(S) SIGN	ATURE
NOTARY	1 1 Consort	Washington	OLITIN IOATIO	Signed or at		
MOTARY		County of SK	AGIT	before	ue ou חָרוש	<u> 15, 2005</u>
-				1	S	-000
Aprile	I si by	Peoples Bank		Signature		Mar
ale at		W. Arthur		NOTAL Notal	ORAGENI	1
	by Der	nnis Boe, Vic	<u>e presider</u> R	t Katie K		
THE WAST	1111	and the second of the second o		Cou	nty/Office No. Dealer No.	
	DEAL	Notary Publ ERSHIP POSITION/AGENT	NOTARY			Date 10-01-200
LAND DESCRIPT	ION (A legal descr	iption of the land ca	n be obtained fr	om the local Count	y Assessor	s Office
The legal	l descriptior	n is set fort	h in the $m{ extit{A}}$	ddditional A	ttachme	nt-
		Land, attach				
•	•					
		11				
			₂ 0%	4		
		· Market				
			and the second second			
			JA 20 3	- A		
				<u>}</u>		
DEALER'S REPO				<i>j</i>		,
CERTIFY THAT T	HIS INFORMATION	IS CORRECT. THE	VEHICLE IS CLE	AR OF ENCUMBRA	ANCES EXC	EPT AS SHOWN
CERTIFY THAT T	HIS INFORMATION BALES TAX HAS BE		VEHICLE IS CLE			
CERTIFY THAT T	HIS INFORMATION BALES TAX HAS BE		VEHICLE IS CLE	EAR OF ENCUMBRA		EPT AS SHOWN
CERTIFY THAT T ANY REQUIRED S LER NAME (TYPED OF	HIS INFORMATION BALES TAX HAS BE	EEN COLLECTED.	VEHICLE IS CLE	WA DEALER NUMBER		
CERTIFY THAT T ANY REQUIRED S LER NAME (TYPED OF	HIS INFORMATION SALES TAX HAS BE R PRINTED)	EEN COLLECTED.	**************************************	WA DEALER NUMBER		
CERTIFY THAT T ANY REQUIRED S LER NAME (TYPED OF CHASE PRICE	HIS INFORMATION BALES TAX HAS BE PRINTED) TAX JURISDICTIO	DENTAX RATE DEALER'S	S AUTHORIZED SIGN	WA DEALER NUMBER	DATE	OF SALE
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E)	HIS INFORMATION SALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce	DIVITAX RATE DEALER'S	AUTHORIZED SIGN	WA DEALER NUMBER IATURE	DATE	OF SALE
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO	HIS INFORMATION SALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce DR/AGENT LICENS	DIVITAX RATE DEALER'S entified Tribal member of the control of the	on the reservatio	WA DEALER NUMBER IATURE In (attach noterized store by Subagents)	DATE	OF SALE
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO rtily that the above a	HIS INFORMATION BALES TAX HAS BE PRINTED TAX JURISDICTION KEMPT Sale to a Ce DR/AGENT LICENS Application appears to	DIVITAX RATE DEALER'S	on the reservatio	WA DEALER NUMBER IATURE In (attach noterized store by Subagents)	DATE	OF SALE
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO Titly that the above a recording of this for	HIS INFORMATION BALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce DR/AGENT LICENS application appears to rm. D)	DEALER'S ONTEX RATE DEALER'S	on the reservatio	WA DEALER NUMBER IATURE In (attach noterized store by Subagents)	atement of d	of SALE elivery). tation to proceed
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO Titly that the above a recording of this for it (TYPED OR PRINTE	HIS INFORMATION BALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce DR/AGENT LICENS application appears to rm. D)	DIVITAX RATE DEALER'S entified Tribal member of the Dealer's Deale	on the reservatio	WA DEALER NUMBER IATURE In (attach notarized states by Subagents) Bapplicanthas suffici	atement of d	of SALE elivery). tation to proceed
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO Titly that the above a recording of this for IE (TYPED OR PRINTE	HIS INFORMATION BALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce DR/AGENT LICENS application appears to rm. D)	DEALER'S ONTEX RATE DEALER'S	on the reservatio	WA DEALER NUMBER IATURE In (attach notarized states by Subagents) Bapplicanthas suffici	atement of d	of SALE elivery). tation to proceed
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO Tilly that the above a recording of this for the (TYPED OR PRINTE	HIS INFORMATION BALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce DR/AGENT LICENS application appears to rm. D)	DEALER'S ONTEX RATE DEALER'S	on the reservatio	WA DEALER NUMBER IATURE In (attach notarized states by Subagents) Bapplicanthas suffici	atement of design and document of the period occurrence of the period occurrence of the period occurrence of the period occurrence o	of SALE elivery). tation to proceed
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO Tifly that the above a recording of this for the (TYPED OR PRINTE	HIS INFORMATION BALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce DR/AGENT LICENS application appears to rm. D) CO And And And And And And And An	EEN COLLECTED. DIVITAX RATE DEALER'S Prtified Tribal member of the presence	on the reservation	WA DEALER NUMBER IATURE In (attach notarized states by Subagents) B applicant has sufficionately officeres of the supplicant has sufficiently officeres of the supplicant has supplican	atement of desired and document of the period occurrence of the period occurrence of the period occurrence of the period occurrence	elivery).
CERTIFY THAT TO ANY REQUIRED SELER NAME (TYPED OF CHASE PRICE) CHASE PRICE USE TAX E) COUNTY AUDITO Titly that the above as recording of this for the coording of this for the coording of this form.	HIS INFORMATION BALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce DR/AGENT LICENS application appears to rm. D)	DEALER'S ONTEX RATE DEALER'S	on the reservatio	WA DEALER NUMBER IATURE In (attach notarized states by Subagents) B applicant has sufficionately officeres of the supplicant has sufficiently officeres of the supplicant has supplican	atement of desired and document of the period occurrence of the period occurrence of the period occurrence of the period occurrence	of SALE elivery). tation to proceed
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO Tifly that the above a recording of this for the (TYPED OR PRINTE	HIS INFORMATION BALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce DR/AGENT LICENS application appears to rm. D) CO And And And And And And And An	EEN COLLECTED. DIVITAX RATE DEALER'S Prtified Tribal member of the presence	on the reservation	WA DEALER NUMBER IATURE In (attach notarized states by Subagents) B applicant has sufficionately officeres of the supplicant has sufficiently officeres of the supplicant has supplican	atement of desert document	elivery). tation to proceed BER SUBAGENT FEES
CERTIFY THAT TO ANY REQUIRED SELER NAME (TYPED OF CHASE PRICE) CHASE PRICE USE TAX E) COUNTY AUDITO Titly that the above as recording of this for the coording of this for the coording of this form.	HIS INFORMATION BALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce DR/AGENT LICENS application appears to rm. D) CO And And And And And And And An	EEN COLLECTED. DIVITAX RATE DEALER'S Prtified Tribal member of the presence	on the reservation	WA DEALER NUMBER IATURE In (attach notarized states by Subagents) B applicant has sufficionately officeres of the supplicant has sufficiently officeres of the supplicant has supplican	atement of desert document	elivery).
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO Titly that the above a recording of this for E (TYPED OR PRINTE	HIS INFORMATION BALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce DR/AGENT LICENS application appears to rm. D) CO And And And And And And And An	EEN COLLECTED. DIVITAX RATE DEALER'S Prtified Tribal member of the presence	on the reservation	WA DEALER NUMBER IATURE In (attach notarized states by Subagents) B applicant has sufficionately officeres of the supplicant has sufficiently officeres of the supplicant has supplican	atement of desert document	elivery). tation to proceed with the subagent fees
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO Titly that the above a recording of this for AE (TYPED OR PRINTE NATURE TITLE FEES NG FEE	HIS INFORMATION BALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce DR/AGENT LICENS application appears to rm. D) APPLICATION	DEALER'S ONTAX RATE DEALER'S	on the reservation OVAL: (Not for under the correctly, and the ELIMINATION 6	IATURE In (attach notarized state by Subagents) Bapplicant has sufficiently officeres of the subagents of	atement of desert documents	elivery). tation to proceed with the subagent fees
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO Titly that the above a recording of this for E (TYPED OR PRINTE	HIS INFORMATION BALES TAX HAS BE PRINTED) TAX JURISDICTION KEMPT Sale to a Ce OR/AGENT LICENS application appears to rm. D) APPLICATION Once the app	DINTAX RATE DEALER'S ONTAX RA	on the reservation OVAL: (Not for under the correctly, and the correctly are correctly as the correctly ar	IATURE In (attach notarized state by Subagents) Bapplicant has sufficiently officeres of the country officeres of the country of the countr	atement of desert document of DATE	of SALE elivery). tation to proceed with the same service of the
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO Titly that the above a recording of this for IE (TYPED OR PRIVITE VATURE TITLE FEES NG FEE	APPLICATION Once the application proof of Retain proof of the application proof of the applicat	EEN COLLECTED. ON/TAX RATE DEALER'S ON/TAX	on the reservation OVAL: (Not for under the content of the content	IATURE In (attach notarized state by Subagents) Be applicant has sufficiently officeres of the County Auditor at the County Recording Office in the Count	DATE atement of description of the control of the	elivery). tation to proceed to the second s
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO Titly that the above a recording of this for AE (TYPED OR PRINTE NATURE TITLE FEES NG FEE	APPLICATION Once the application proof of Retain proof of the application proof of the applicat	EEN COLLECTED. ON/TAX RATE DEALER'S ON/TAX	on the reservation OVAL: (Not for under the content of the content	IATURE In (attach notarized state by Subagents) Be applicant has sufficiently officeres of the County Auditor at the County Recording Office in the Count	DATE atement of description of the control of the	of SALE elivery). tation to proceed was a subsection of the
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF ICHASE PRICE USE TAX E) COUNTY AUDITO TITY that the above a recording of this for ME (TYPED OR PRINTE NATURE TITLE FEES NG FEE	APPLICATION Once the app Licensing Offi Retain proof of your original a	EEN COLLECTED. ON/TAX RATE DEALER'S ON/TAX	enproved by the cation form to be paid. If the I	e County Auditor at the County Office recording Office recording Office records	DATE atement of description of the service of the	of SALE elivery). tation to proceed with the same state of the s
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF ICHASE PRICE USE TAX E) COUNTY AUDITO TITY that the above a recording of this for ME (TYPED OR PRINTE NATURE TITLE FEES NG FEE	APPLICATION Once the app Licensing Offi Retain proof of your original a	EEN COLLECTED. ON/TAX RATE DEALER'S ON/TAX	ELIMINATION of the proved by the cation form to be paid. If the 1 brain a certified st return to a \textsquare.	e County Auditor at the County Office recording Office recorded to the record department of the record department of the record department of the recording of the recording Office recording Off	DATE atement of description of the description of	of SALE elivery). tation to proceed with the same state of the s
CERTIFY THAT TANY REQUIRED S LER NAME (TYPED OF CHASE PRICE USE TAX E) COUNTY AUDITO Titly that the above a recording of this for IE (TYPED OR PRINTE VATURE TITLE FEES IMPORTANT:	APPLICATION Once the application proof of your original and	EEN COLLECTED. ON/TAX RATE DEALER'S ON/TAX	ELIMINATION 6 ELIMINATION 6 Approved by the cation form to be paid. If the 1 of the cation, paying streturn to a highlight policition, paying the cation, paying streturn to a highlight	e County Auditor at the County Office recording Office recording of the recording all required fee	DATE atement of description of the description of	elivery). tation to proceed with the second

The Department of Licensing ha if you need special accommoda

200508180075 Skagit County Auditor



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT

LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check	type of application:	XX Title Elimi	nation		
	The second secon	Removal	From Real Property		
		Transfer I	n Location		*
Land:	Property Tax	Parcel Number	4660-000-011-0000	P108411	
•	Legal Descrip	tion:		, e	
Lot	11 PLAT OF EAG	 ∠E.HIĽL. acco	ording to the plat thereof	, recorded in Vo	lume 16
Plat	ts, pages 67 and 68	records of S	Skagit County, Washingt	on;	

EXCEPT that portion described as follows:

Beginning at the Northwest corner of said Lot 11;

Thence South 00°01'20" West along the West line of Lot 11, a distance of 241.31

Thence South 15°19'08" East, a distance of 113.40 feet;

Thence North 79°39'35" East, a distance of 343.59 feet to a point on the East line of said Lot 11 which is 274.85 feet from the Northeast corner thereof;

Thence North 01°48'05" East along said East line, a distance of 274.85 feet to the Northeast corner of said Lot 11:

Thence North 87°49'32" West along the North line of said Lot 11, a distance of 376.78 feet to the Northwest corner of said Lot 11 and the point of beginning of this description.

Situated in Skagit County, Washington.

TD-420-732 APP ATTACHMENT(R/12/96)OR Page 1 of 2



of

OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK TYPE OF APPLICATION:

Title Elimination

Removal From Real Property

	Removal From Real Property Transfer in Location		
	<u> </u>		
PROPERTY TAX PARCEL NU	MBER:		
ADDITIONAL GRANTOR(S)	REGISTERED/LEGAL OWNER(S)		
NAME OF REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	The second secon		DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWN	ER INDICATES CONSENT FOR ELIM	INATION OF TITLE.	
SIGNATURE OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER
	DER PENALTY OF PURJURY LAW TO		
SIGNATURE OF REGISTERED OWNER			DATE
SIGNATURE OF REGISTERED OWNER		The second secon	DATE
SIGNATURE OF REGISTERED OWNER			DATE
SIGNATURE OF REGISTERED OWNER			DATE
SIGNATURE OF REGISTERED OWNER			DATE
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICA	TION FOR REGISTERED ON	WHER(C) SIGNATURE
ŀ	State of Washington County of	Signed or attes	l e d
	by		
	Printed Name of Applicant Title	Signature Dealer No. AND: County/O Notary Ei	
		**	Name of the state

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 TDD (360) 664-8885.

TD-420-732 APP ATTACHMENT(R/12/96)OR Page 2 of 2



8/18/2005 Page

4 of

411:37AM