



200508310010
Skagit County Auditor

RETURN ADDRESS

8/31/2005 Page 1 of 4 8:38AM

CHICAGO TITLE IC34174 ✓

	MANUFACTURED HOME APPLICATION	PLEASE CHECK ONE
	<input 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 46.12.210)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	1985	Fltwood	40 X 27	ORFL2AF084282

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 3991-000-005-0000 P68796

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
5		SAMISH SHORES PLAT	

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
29	2	1

NAME OF REGISTERED OWNER
Harold S. White

NAME OF ADDITIONAL REGISTERED OWNER
Kathryn K. White

ADDRESS CITY STATE ZIP CODE
3734 E. View Crest Circle Salt Lake City UT 84124

NAME OF LEGAL OWNER
Washington Mutual Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE
7255 Bay Meadows Way Jacksonville FL 32256

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 *Harold S. White*
Harold S. White

Signature of Additional Registered Owner and Title, IF APPLICABLE *Kathryn K. White*
Kathryn K. White

NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington Utah County of <i>Snohomish</i>	Signed or attested before me on 4/4/05
	by Harold S. White PRINT NAME OF REGISTERED OWNER	Signature <i>Pam Fisher</i> NOTARY OF AGENT
	by Kathryn K. White PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY PAM FISHER
	Title Notary DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR Notary Expiration Date 7-31-07

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)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
<i>Tisha Campbell</i>	<i>Skagit County Planning - 360/526-9410</i>	<i>#16370</i>
SIGNATURE / POSITION	DATE	
<i>Tisha Campbell, Permit Administrator</i>		<i>8/20/05</i>

Notary Public
PAM FISHER
5664 South Green Street
Murray, Utah 84123
My Commission Expires July 31, 2007
State of Utah

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 See attached

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 Notary Expiration Date _____

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

Lot 5, SAMISH SHORES PLAT, according to the plat thereof, recorded in Volume 8 of Plats, pages 7 and 7A, records of Skagit County Washington.

Situated in 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)		WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE	

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>Rodriguez Angulo</u>	COUNTY OFFICE/VES OPERATOR NUMBER <u>2901-02</u>
SIGNATURE <u>[Signature]</u>	DATE <u>08/31/05</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
If you need special accommodation:



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Skagit County Auditor

RETURN ADDRESS

STATE OF WASHINGTON
 Department of
Licensing

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
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 TRANSFER IN LOCATION
 REMOVAL FROM REAL PROPERTY

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MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 3991-000-005-0000 P68796

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NAME OF ADDITIONAL REGISTERED OWNER: Kathryn K. White

ADDRESS: 3734 E. View Crest Circle Salt Lake City UT 84124

NAME OF LEGAL OWNER: Washington Mutual Bank

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS: 7255 Bay Meadows Way Jacksonville FL 32256

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: *Harold S. White*
 Harold S. White

Signature of Additional Registered Owner and Title, IF APPLICABLE: *Kathryn K. White*
 Kathryn K. White

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of ~~Washington~~ Utah
 County of ~~San Juan~~ *San Juan*

Signed or attested before me on: 4/4/05

by Harold S. White
 PRINT NAME OF REGISTERED OWNER

Signature: *Pam Fisher*
 NOTARY OF AGENT

by Kathryn K. White
 PRINT NAME OF REGISTERED OWNER

PRINTED NAME OF NOTARY: PAM FISHER

Title: Notary
 DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR Notary Expiration Date: 7-31-07

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NAME (TYPED OR PRINTED): _____ BLDG PERMIT OFFICE PHONE #: _____ BLDG PERMIT #: _____

SIGNATURE / P: _____ DATE: _____

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8/31/2005 Page 3 of 4 8:38AM

Notary Public
 PAM FISHER
 5664 South Green Street
 Murray, Utah 84123
 My Commission Expires July 31, 2007

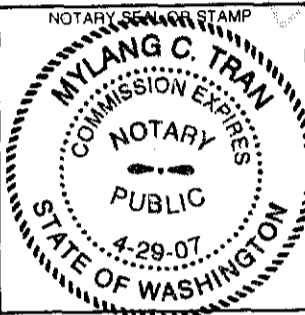


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Signature of Legal Owner and Title, IF APPLICABLE Nancy Abbott, Washington Mutual Bank

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of King Signed or attested before me on 04/07/05
by Nancy Abbott Signature Mylang C. Tran
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT
by _____ PRINTED NAME OF NOTARY MYLANG C. TRAN
Title _____ AND: County/Office No. OR Dealer No. OR 04/29/07
DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date

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The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call 1-800-541-4200.



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