



200510030001  
Skagit County Auditor

RETURN ADDRESS  
Land Title Company

10/3/2005 Page 1 of 2 9:03AM

P.O. Box 445

Burlington, WA 98233

117992-SE

		<b>MANUFACTURED HOME APPLICATION</b>		<b>PLEASE CHECK ONE</b> <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 46.12.210)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
&37353	1988	CLAR	66 X 14	43910389X	
<b>2 LAND</b>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 3877-000-190-0004/P64271		
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
190		CEDARGROVE ON THE SKAGIT			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		1 (one)		1 (one)	
NAME OF REGISTERED OWNER					
Elton E. Flemmer					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
46626 Baker Loop Road,		Concrete		STATE	ZIP CODE
				WA	98237
NAME OF LEGAL OWNER					
Banner Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
P.O. BOX 907		WALLA WALLA,		STATE	ZIP CODE
				WA	99362
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 X <i>Elton E. Flemmer</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE _____					
		<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>			
		State of Washington County of Skagit		Signed or attested before me on 9-27-05	
		by Elton E. Flemmer PRINT NAME OF REGISTERED OWNER		Signature <i>Karen Ashley</i> NOTARY OR AGENT	
		by _____ PRINT NAME OF REGISTERED OWNER		Karen Ashley PRINTED NAME OF NOTARY	
		Title Escrow Officer DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date 9/11/06	
<b>4 TITLE COMPANY CERTIFICATION</b>					
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		
Karen Ashley			Land Title Company (360) 707-2312		
SIGNATURE / POSITION			DATE		
<i>Karen Ashley</i> Escrow Officer					
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
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 #
Georgine Rosson			Skagit County Planning 336-9410		96-1240
SIGNATURE / POSITION					DATE
<i>Georgine Rosson</i> Permit Technician					9/23/05

**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 by: Banner Bank  
Carol S. McCallion  
Vice President

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



**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**

State of Washington  
County of Island Signed or attested before me on 9/29/05

Banner Bank  
David Holmby Signature Carol S. McCallion  
PRINT NAME OF LEGAL OWNER/Vice President NOTARY OR AGENT

by Carol S. McCallion  
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR  
Dealer No. OR 11/13/08  
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 Office)**

LOT 190, "CEDARGROVE ON THE SKAGIT," AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGES 48 THROUGH 51, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WA.

**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>Husty Lerwey</u>	COUNTY OFFICE/VES OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>Husty Lerwey</u>	DATE <u>10/5/05</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 policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.

