



200804090013
Skagit County Auditor

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RETURN ADDRESS

Reconveyance Services, Inc.
14090 Fryelands Blvd. SE, Suite 200
Monroe, WA 98272

RSI # 0722978-WA

WASHINGTON STATE DEPARTMENT OF LICENSING		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 46.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2008	SKYLINE	66 X 28	2F91-0106-W	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 4743-000-003-0000 / P116528	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
Lot 3		"Plat of 37th Court", AF # 2000011400741			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
SKAGIT COUNTY	2		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
DELNO CRUMM					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
LAURA CRUMM					
ADDRESS		CITY	STATE	ZIP CODE	
2316 37th COURT		ANACORTES	WA	98221	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
FINANCIAL FREEDOM					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
1660 E. ROSEVILLE PKWY, SUITE 100		ROSEVILLE	CA	95661	
GRANTEE					
NAME					
State of Washington Dept of Licensing to the Public					
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 <i>Delno Crumm</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Laura Crumm</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested	
		County of Skagit		before me on 4/8/08	
		by <i>Delno Crumm</i>		Signature <i>Lisa J. Cure</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
by <i>Laura Crumm</i>		PRINTED NAME OF NOTARY			
PRINT NAME OF REGISTERED OWNER		Title		AND: County/Office No. OR Dealer No. OR Notary Expiration Date	
DEALERSHIP POSITION/AGENT/NOTARY				7/10/10	
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 #	
EDWIN FRANK		360-293-1901		BLD-2007-0351	
SIGNATURE / POSITION		DATE			
<i>Edwin Frank</i>		BUILDING OFFICIAL		3/14/08	

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2008	SKYLINE	66 X 28	2F91-0106-W	
6 SIGNATURE OF LEGAL OWNER					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
FINANCIAL FREEDOM		BY: <i>Prudette Cowan, VP</i>			
Signature of Legal Owner and Title, IF APPLICABLE					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
See Attached	State of <u>Washington</u>		Signed or attested before me on _____		
	County of _____		Signature _____		
	by <u>Prudette Cowan</u>		NOTARY OR AGENT		
	by _____		PRINTED NAME OF NOTARY		
	Title _____		AND: County/Office No. <u>QR</u> Dealer No. <u>QR</u> Notary Expiration Date _____		
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 3, "PLAT OF 37th COURT," as per plat recorded under Auditor's File No. 200001140071, records of Skagit County, Washington.					
Situate in the City of Anacortes, 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		
<i>Coach Corral Inc.</i>		<i>4278</i>	<i>2/12/2008</i>		
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<i>86,195</i>	<i>8.0%</i>	<i>Maury Blain</i>			
<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)			COUNTY OFFICE/AGENT OPERATOR NUMBER		
<i>Kristy Lowery</i>			<i>290108</i>		
SIGNATURE			DATE		
<i>Kristy Lowery</i>			<i>4/1/08</i>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX.
<p>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.</p> <p>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.</p> <p>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.</p>					

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.



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**CALIFORNIA ALL-PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT**

State of California

County of Placer


On March 24, 2008 before me, Stacey McArthur,

Personally appeared Loretta Cowan, Vice President,

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

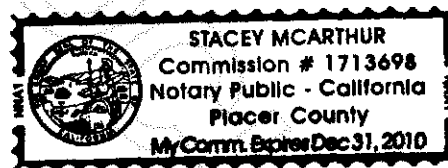
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature of Notary Public

(Notary Seal)



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