

## RETURN ADDRESS

Patrick Thompson

26009 Lake Cavanaugh Rd.

Mt. Vernon, Wa. 98273

Escrow #127518

LAND TITLE OF SKAGIT COUNTY



200804240083

Skagit County Auditor

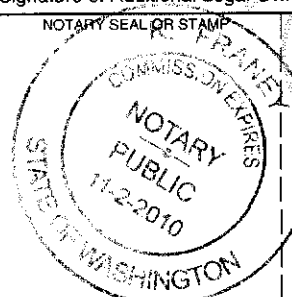
4/24/2008 Page

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3

3:56PM

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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER &049767	YEAR 1994	MAKE Guerd	LENGTH/WIDTH(FEET) 28 X 44	VEHICLE IDENTIFICATION NUMBER (VIN) GDST0R269315868	
<b>2 LAND</b> LEGAL DESCRIPTION ON PAGE 3					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 330517-1-002-0011/P18099	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE 17-33-S		QUARTER/QUARTER SECTION SE1/4 NE1/4 & NE1/4 SW1/4	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER 29	NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1		
NAME OF REGISTERED OWNER Thompson, Patrick C.				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL REGISTERED OWNER Toomey, Jessica M.				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 26009 Lake Cavanaugh Road		CITY Mount Vernon		STATE WA	ZIP CODE 98273
NAME OF LEGAL OWNER Northwest Farm Credit Services				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS 1700 South Assembly		CITY Spokane		STATE WA	ZIP CODE 98224
<b>GRANTEE</b>					
NAME Same as Above					
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					
NOTARY SEAL OR STAMP 		<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>			
		State of Washington County of Skagit		Signed or attested before me on 10/24/07	
		by Patrick C. Thompson PRINT NAME OF REGISTERED OWNER		Signature NOTARY OR AGENT	
		by Jessica M. Toomey PRINT NAME OF REGISTERED OWNER		K. Franey PRINTED NAME OF NOTARY	
		Title Notary DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date 11-02-10	
<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		
SIGNATURE / POSITION			DATE		
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 # 360-336-9410		BLDG PERMIT # BPD061243	
LORI ANDERSON SKAGIT CO. PLANNING					
SIGNATURE / POSITION		DATE			
		12/14/07			
Permit Technician					

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER 049767	YEAR 1994	MAKE Guerd	LENGTH/WIDTH(FEET) 28 X 44	VEHICLE IDENTIFICATION NUMBER (VIN) GDST0R269315868	
<b>6 SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u>Corrine Reynolds, Notary Agent</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b> State of Washington County of <u>Spagit</u> Signed or attested before me on <u>10/25/07</u> by <u>Corrine Reynolds, Notary Agent</u> PRINT NAME OF LEGAL OWNER by <u>NW Farm Credit Services</u> PRINT NAME OF LEGAL OWNER Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY PRINTED NAME OF NOTARY <u>K. FRANEY</u> County/Office No. OR Dealer No. OR AND: Notary Expiration Date <u>11-02-10</u>			
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
See Attached.					
<b>8 DEALER'S REPORT OF SALE</b>					
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).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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>Shannon King</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>290133</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>4-24-08</u>		
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<b>IMPORTANT:</b> 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.					
<b>APPLICANTS:</b> 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.



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Skagit County Auditor

Escrow No.: 127518-SE

## EXHIBIT "A"

### LEGAL DESCRIPTION

That portion of the Southeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  and the Northeast  $\frac{1}{4}$  of the Southeast  $\frac{1}{4}$  of Section 17, Township 33 North, Range 5 East, W.M., lying Northeasterly of Lake Cavanaugh Road, more fully described as follows:

Beginning at a point along the East line of said Section 17, 2,013.89 feet South of the Northeast corner of said Section 17;  
thence North  $89^{\circ}22'29''$  West, 628.77 feet;  
thence South  $6^{\circ}36'04''$  West, 922.80 feet to the Northeasterly right of way line of said Lake Cavanaugh Road;  
thence Southeasterly along said right of way, 1,059 feet, more or less, to the East line of said Section 17;  
thence North along the East line of said Section 17 to the point of beginning.

Situate in the County of Skagit, State of Washington.



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