

RETURN ADDRESS



200903250084

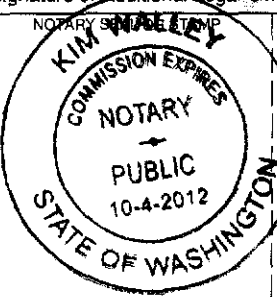
Skagit County Auditor

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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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2008	Palm Harbor	27 X 70'8"	PH209514 <del>ORE-0000506612/ORE-0000506613</del>	
<b>2 LAND</b> LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 330506-4-001-0308 F17965	
LOT 26	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Section 6/Township 33 N/Range 5 E		QUARTER/QUARTER SECTION NE 1/4/SE 1/4	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1	
NAME OF REGISTERED OWNER Jory L Clark				DOL CUSTOMER ACCOUNT NUMBER CLARKJL131JD	
NAME OF ADDITIONAL REGISTERED OWNER Krystal M Clark				DOL CUSTOMER ACCOUNT NUMBER CLARKKM164QC	
ADDRESS 24832 Stonewood Drive		CITY Mount Vernon		STATE ZIP CODE WA 98274	
NAME OF LEGAL OWNER Skagit State Bank				DOL CUSTOMER ACCOUNT NUMBER	
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS P.O. Box 285		CITY Burlington		STATE ZIP CODE WA 98233	
<b>GRANTEE</b>					
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					
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 10-21-08	
		by Jory L Clark PRINT NAME OF REGISTERED OWNER		Signature	
		by Krystal M Clark PRINT NAME OF REGISTERED OWNER		NOTARY AGENT	
		by Jeffrey F. Connor PRINT NAME OF NOTARY		COUNTY/OFFICE NO. OR DEALER NO. OR 12-31-08	
		Title Notary DEALERSHIP POSITION/AGENT/NOTARY		AND: Notary Expiration Date	
<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 checked="" 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 #	
Cindy Gauthier		360-336-4410		BPC08-0499	
SIGNATURE/ POSITION		Skagit County Planning & Development		DATE	
				3-25-09	

MANUFACTURED HOME - FROM SECTION 1					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(Feet)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2008	Palm Harbor	27 X 70'8"	PH2009514 <del>ORE-0000506612/ORE-0000506613</del>	
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 <u>Jeff Connor, AUP/RELO</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
	State of Washington			Signed or attested	
	County of <u>Skagit</u>			before me on <u>October 21, 2008</u>	
	by <u>Skagit State Bank</u>			Signature <u>Kim Walley</u>	
PRINT NAME OF LEGAL OWNER			NOTARY OR AGENT		
by <u>Skagit State Bank</u>			Signature <u>Kim Walley</u>		
PRINT NAME OF LEGAL OWNER			PRINTED NAME OF NOTARY		
Title <u>Notary</u>			County/Office No. OR <u>10-04-12</u>		
DEALERSHIP POSITION/AGENT/NOTARY			AND: 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 26 as shown on that certain survey map filed in Book 1 of Surveys, page 113, under Auditor's File NO. 809880, records of Skagit County, Washington; and more fully described as the East 1/2 of the Southwest 1/4 of the Northeast 1/4 of the Southeast 1/4 of Section 6, Township 33 North, Range 5 East, W.M.:					
TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over and across that certain 60 foot road and utility easement as shown on that certain map filed in Book 1 of Surveys, page 113, under Auditor's File No. 809880.					
Situate in the 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	
Coach Corral, Inc.			<u>4298</u>	<u>7/29/08</u>	
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<u>121,500</u>	<u>8.0%</u>	<u>[Signature]</u>			
<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/VFS OPERATOR NUMBER		
<u>Shannon King</u>			<u>29/01/33</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>3/25/09</u>		
10 TITLE FEES					
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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## Certificate of Fact

### IMPORTANT

Washington law makes it clear that it is a felony to knowingly make a false statement of fact. The penalty, upon conviction, shall be a fine of not more than \$5,000 or by imprisonment for not more than ten years, or both the fine and imprisonment. (RCW 46.12.210)

LICENSE PLATE / REG. NO.	YEAR	MAKE	SERIES/BODY TYPE
	2008	PALMH	27X71
VEHICLE (VIN) OR VESSEL (HIN) IDENTIFICATION NUMBER		COLOR: Primary   Secondary	
PH209514			

#### I certify that:

THE CORRECT VIN IS STATED ABOVE. NO FRAUD INTENDED.



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SIGNATURE OF REGISTERED OWNER / TITLE Skagit State Bank

X Jeff Connor APR/RELO

#### NOTARIZATION / CERTIFICATION

State of Washington  
County of Skagit

Signed or attested  
before me on 3/25/09

NOTARY SEAL OR STAMP

By Jeff Connor for Skagit State Bank  
Printed Name of Person Signing Document

Signature

Notary / Agent

Name

Notary (PRINTED OR STAMPED)

Title

Notary / Agent

Dealer No. OR

County / Office No. OR

Notary Expiration Date 2/20/13

AND:

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