

## RETURN ADDRESS

WASHINGTON FEDERAL SAVINGS

PO BOX 639

MOUNT VERNON WA 98273

200905210076  
Skagit County Auditor

5/21/2009 Page

1 of

2 11:43AM

348541-4 LAND TITLE COMPANY 130835-PW

STATE OF WASHINGTON Department of <b>licensing</b>		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)	
NEW	2009	Palm Harbor	68'0" X 40.5	PH20-9705AAC/BAG/CAG	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 4463-000-010-0000 Y 82954					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
10		PRAIRIE ESTATES		SEC. 26 TWP. 36 RGE. 04	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
029		2		1	
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
JASON H DUNHAM					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
RHONDA L DUNHAM					
ADDRESS		CITY		STATE ZIP CODE	
4718 LOIS LANE		SEDRO WOOLLEY		WA 98284	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
WASHINGTON FEDERAL SAVINGS					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY		STATE ZIP CODE	
1501 RIVERSIDE DR		MOUNT VERNON		WA 98273	
<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					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington			
		County of Skagit			
		Signed or attested before me on 5-25-08			
		Signature Allen L. Collins			
		NOTARY OR AGENT			
		by JASON H DUNHAM			
		PRINT NAME OF REGISTERED OWNER			
		by RHONDA L DUNHAM			
		PRINT NAME OF REGISTERED OWNER			
		Title NOTARY PUBLIC			
		DEALERSHIP POSITION/AGENT/NOTARY			
		AND: County/Office No. OR			
		Dealer No. OR 5-15-2011			
		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 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 #	
Cindy Gauthier		360-336-9410		BP08-0816	
SIGNATURE / POSITION		Skagit County Planning & Development		DATE	
Cindy				5-19-09	

**MANUFACTURED HOME - FROM SECTION 1**

TPO/PLATE NUMBER <b>NEW</b>	YEAR <b>2009</b>	MAKE <b>Palm Harbor</b>	LENGTH/WIDTH(FEET) <b>68'0" X 40.5</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>PH20-9705AAC/BAC/CAC</b>
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**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

*Allen L. Collins, Vice-President*

Signature of Additional Legal Owner and Title, IF APPLICABLE

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <b>SKAGIT</b>	Signed or attested before me on <b>5-8-09</b>
	by <b>WASHINGTON FEDERAL SAVINGS</b> PRINT NAME OF LEGAL OWNER	Signature <i>Cheryl C. Holmstrom</i> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	<i>Cheryl C. Holmstrom</i> PRINTED NAME OF NOTARY
	Title <b>NOTARY</b> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <b>10-15-2012</b> Notary Expiration Date

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

LOT 10, "PLAT OF PRAIRIE ESTATES, " AS PER PLAT RECORDED IN VOLUME 13 OF PLATS, PAGES 84 AND 85, RECORDS OF SKAGIT COUNTY, WASHINGTON.

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) <b>Coach Cerral Inc.</b>		WA DEALER NUMBER <b>4278</b>	DATE OF SALE <b>3/2/2009</b>
PURCHASE PRICE <b>1165,599</b>	TAX JURISDICTION/TAX RATE <b>8.0%</b>	DEALER'S AUTHORIZED SIGNATURE <i>[Signature]</i>	
<input type="checkbox"/> <b>USE TAX EXEMPT</b> 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) <b>Krusty Lowery</b>	COUNTY OFFICE/VFS OPERATOR NUMBER <b>290108</b>
SIGNATURE <i>Krusty Lowery</i>	DATE <b>5/21/09</b>

**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 TTY (360) 664-8885.



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Skagit County Auditor