



200907150069
Skagit County Auditor

7/15/2009 Page 1 of 2 11:14AM

RETURN ADDRESS

WASHINGTON FEDERAL SAVINGS
PO BOX 527
BURLINGTON, WA 98233

STATE OF WASHINGTON Department of Licensing

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE

TITLE ELIMINATION
 TRANSFER IN LOCATION
 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)
	2009	Fleetwood	48 X 44	ORFL948321002-WR13

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 3990-000-032-0016

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
32		Samish River Park, Div. 1	

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
29	2	2

NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
DONNA R MARTIN	MARTIDR67201
NAME OF ADDITIONAL REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
CHARLES M MARTIN	MARTICM6920W

ADDRESS	CITY	STATE	ZIP CODE
6920 STEELHEAD LN	BURLINGTON	WA	98233

NAME OF LEGAL OWNER: WASHINGTON FEDERAL SAVINGS

ADDRESS	CITY	STATE	ZIP CODE
425 PIKE ST	SEATTLE	WA	98101

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: *Donna R Martin*

Signature of Additional Registered Owner and Title, IF APPLICABLE: *Charles M Martin*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 05/11/09

by Donna R Martin Signature *Doreen K Nystrom*
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Charles M Martin Doreen K Nystrom
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title _____ AND: County/Office No. OR Dealer No. OR 03/10/10
DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date

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: the manufactured home has been affixed to the real property as described.
 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	SP09-0107

SIGNATURE / POSITION: *Cindy Gauthier* Skagit County Planning & Development DATE: 7/15/09

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2009	Fleetwood	48 X 44	ORFLA4832602-WR13

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 Doreen Nystrom, AVP/Br. mgr.

Signature of Additional Legal Owner and Title, IF APPLICABLE Washington Federal Svc.

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>05/11/09</u>
	by <u>Washington Federal Savings</u> PRINT NAME OF LEGAL OWNER	Signature <u>Jeanne M Aungst</u> NOTARY OR AGENT
	by <u>Doreen Nystrom, AVP/Branch Manager</u> PRINT NAME OF LEGAL OWNER	Printed Name of Notary <u>Jeanne M Aungst</u>
Title _____	AND: County/Office No. OR _____ Dealer No. OR <u>11/13/10</u> Notary Expiration Date	

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

Lot 32, "Samish River Park, Division No. 1," as per plat recorded in Volume 9 of Plats, Pages 43 and 44, records of Skagit County, Washington.

Situated 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) <u>Coach Coral Inc.</u>	WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>5/12/09</u>
PURCHASE PRICE <u>67,800</u>	TAX JURISDICTION/TAX RATE <u>8.2%</u>	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</u>

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>Kristy Lowery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-0108</u>
SIGNATURE <u>[Signature]</u>	DATE <u>7/15/09</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 TTY (360) 664-8885.

