

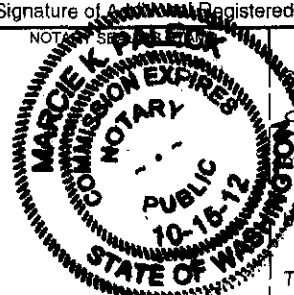


201009170129
Skagit County Auditor

RETURN ADDRESS

9/17/2010 Page 1 of 3 4:02PM

CHICAGO TITLE 620011584

WASHINGTON STATE DEPARTMENT OF LICENSING		Manufactured Home Application		PLEASE CHECK ONE	
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)				<input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input checked="" type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1981	SANDE	48 X 24	ORFL2AA41480774	
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	
				P70325	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
Lot 21 and 22		White Falls Estates			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
Skagit	3		3		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Sena Lea Vivian Dailey					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
John Dailey					
ADDRESS		CITY	STATE	ZIP CODE	
53691 White Falls Court		Concrete	WA	98237	
NAME OF LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
SAME AS REGISTERED OWNERS					
NAME OF ADDITIONAL LEGAL OWNER				DOL CUSTOMER ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	
GRANTEE					
NAME					
State of Washington, Department 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>X Sena Lea Vivian Dailey</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>X John Dailey</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
		State of Washington County of WASHINGTON SENA LEA VIVIAN DAILEY JOHN DAILEY PRINT NAME OF REGISTERED OWNER		Signed or attested before me on 09/15/10 Signature <i>Marcie Paleck</i> NOTARY OR AGENT MARCIE K. PALECK PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR 10/15/12 AND: 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			
MARCIE K PALECK		CHICAGO TITLE (360) 424 1700			
SIGNATURE / POSITION		DATE			
MARCIE K. PALECK		9-17-10		SCREW MANAGER	
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 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 #	
[Signature]					
SIGNATURE / POSITION		DATE			

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	1981	SANDL	48 X 24	ORFL2AA41480774
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 _____				
Signature of Additional Legal Owner and Title, IF APPLICABLE _____				
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
	State of Washington	County of _____		Signed or attested before me on _____
	by _____	Signature _____		NOTARY OR AGENT
	PRINT NAME OF LEGAL OWNER			
	by _____	PRINTED NAME OF NOTARY		County/Office No. OR
	PRINT NAME OF LEGAL OWNER			Dealer No. OR
	Title _____	AND: Notary Expiration Date		
	DEALERSHIP POSITION/AGENT/NOTARY			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)				
Lots 21 and 22, White Falls Estates, according to the plat thereof, recorded in volume 8 of Plats, page 75, records of Skagit County, 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	
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).				
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/VEHICLE OPERATOR NUMBER		
SIGNATURE		DATE		
Kirsty Lowery		090108		9/17/10
Kirsty Lowery				
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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Ownership

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

Check the type of application: Title Elimination
 Removal From Real Property
 Transfer In Location

Property tax parcel number: P70325

Additional grantor(s) registered owner(s)	
Name of registered owner Dora Dailey	DOL customer account number
Name of registered owner	DOL customer account number
Name of registered owner	DOL customer account number
Name of registered owner	DOL customer account number
Name of registered owner	DOL customer account number
Name of registered owner	DOL customer account number

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of registered owner(s)	
Signature of registered owner X <i>Dora Dailey</i>	Date
Signature of registered owner X	Date
Signature of registered owner X	Date
Signature of registered owner X	Date
Signature of registered owner X	Date
Signature of registered owner X	Date

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
State of Washington County of <u>SKAGIT</u>	Signed or attested before me on <u>10/15/10</u>
<u>DORA DAILEY</u> Printed name of applicant	Signature <u>Marcie K. Paleck</u> Notary Agent
Printed name of Notary <u>MARCIE K. PALECK</u>	Dealer No. OR AND: County/Office No. OR <u>10/15/12</u> Notary Expiration Date
Title <u>NOTARY</u> Dealership Position/Agent/Notary	



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