

RETURN ADDRESS

Wells Fargo Home Mortgage  
 405 Southwest 5<sup>th</sup> Street  
 Des Moines, IA 50309-4600

Final Docs X2599-024



201101250041  
 Skagit County Auditor

1/25/2011 Page

1 of 3 11:54AM

LAND TITLE OF SKAGIT COUNTY

136382-SE

KA

LN# 0119347904

STATE OF WASHINGTON Department of		<b>MANUFACTURED HOME APPLICATION</b>		<b>PLEASE CHECK ONE</b>	
<i>Licensing</i>				<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 (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
+634164	2008	HB NW Evergreen	54X40	HB 3698 OR	
<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: 350402-1-004-0106, P35619	
Lot	Block	Plat Name or Section/Township/Range		Quarter/Quarter Section	
		2/35N/4E			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2 (two)		1 (one)		
NAME OF REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
Robert Scrimsher					
NAME OF ADDITIONAL REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
Theresa C. Scrimsher					
ADDRESS		CITY	STATE	ZIP CODE	
22833 Bridgewater Road		Sedro Woolley	WA	98284	
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
Wells Fargo Home Mortgage					
NAME OF ADDITIONAL LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ADDRESS		CITY	STATE	ZIP CODE	
405 Southwest 5 <sup>th</sup> Street		Des Moines	IA	50309	
<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 <i>Robert Scrimsher</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Theresa C. Scrimsher</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested	
		County of Skagit		before me on	
		by <i>Theresa C. Scrimsher</i>		Oct 28, 2010	
		by <i>Robert Scrimsher</i>		Signature <i>Karen Ashley</i>	
		Print Name of Registered Owner		NOTARY OR AGENT	
by <u>Escrow Officer/Notary</u>		Karen Ashley		PRINTED NAME OF NOTARY	
Print Name of Registered Owner		County/Office No. OR		AND: Dealer No. OR	
Title <u>Escrow Officer/Notary</u>		Notary Expiration Date		09/11/2014	
DEALERSHIP POSITION/AGENT/NOTARY					
<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			
Land Title and Escrow Shelley Nevitt		(360)707-2158			
SIGNATURE/POSITION		DATE			
Title Officer					
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) LORI ANDERSON BLDG PERMIT OFFICE/PHONE # 360-336-9410 BLDG PERMIT # BP10-0308  
SIGNATURE/POSITION Lori Anderson PERMIT TECHNICIAN DATE 10/28/10  
MANUFACTURED HOME - FROM SECTION 1

TPO / PLATE NUMBER <u>+634164</u>	YEAR <u>2008</u>	MAKE <u>Evergreen</u>	LENGTH (FEET) <u>54 X 40</u>	VEHICLE IDENTIFICATION NUMBER (VIN) <u>HB 3698 OR</u>
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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 [Signature] LAM  
Signature of Additional Legal Owner and Title, IF APPLICABLE  
NOTARY SEAL OR STAMP

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**  
State of Washington WA Signed or attested before me on 11/31/11  
County of Skagit Signature [Signature] NOTARY OR AGENT  
Printed Name of Legal Owner Karyn Thomas Jeffrey S. Becker  
Printed Name of Notary  
County/Office No. OR  
AND: Dealer No. OR  
Notary Expiration Date 1/31/2013  
Title Notary DEALERSHIP POSITION/AGENT/NOTARY

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

**8 DEALER'S REPORT OF SALE**

I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLES IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.

DEALER NAME (TYPED OR PRINTED) <u>Blade Chevrolet, Inc.</u>	WA DEALER NUMBER <u>4112</u>	DATE OF SALE <u>11-5-2010</u>
PURCHASE PRICE <u>\$130,000.00</u>	TAX JURISDICTION/TAX RATE <u>2907 / 8.20%</u>	DEALER'S AUTHORIZED SIGNATURE <u>[Signature] Blade, PRES</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>Frosty Lowery</u>	COUNTY OFFICE/VES OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>[Signature]</u>	DATE <u>1/25/11</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 TDD (360) 664-8885.

**Schedule "A-1"**

136382-SE

**DESCRIPTION:**

The East ½ of the Southwest ¼ of the Southeast ¼ of the Northeast ¼ of Section 2, Township 35 North, Range 4 East, W.M., EXCEPT County road along the South line thereof, AND EXCEPT the following described tract:

Beginning at the East ¼ corner of said Section 2, from which the Northeast corner of said Section 2 bears North 3°52'00" East;  
thence North 88°19'00" West, along the South line of said Southeast ¼ of the Northeast ¼ of Section 2, 643.77 feet to the Southeast corner of said subdivision and the true point of beginning;  
thence North 3°22'57" East along the East line of said subdivision, 330.01 feet;  
thence North 88°19'00" West, parallel with said South line of said subdivision, 240.00 feet;  
thence South 3°22'57" West, parallel with said East line of said subdivision, 330.01 feet to said South line of said subdivision;  
thence South 88°19'00" East, along said South line, 240.00 feet to the true point of beginning.

The above described main tract is also known as Tract "D" of Skagit County Short Plat No. 69-72, approved November 14, 1972.

Situate in the County of Skagit, State of Washington.



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Skagit County Auditor