| <u> </u> | AND HOLDING THE TRANSPORT OF THE PARTY OF TH | | | | |
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| ETURN ADDRESS CHICAGO TITLE COMPANY | | 201 Skadil | 111210048 County Auditor | | |
| 425 COMMERCIAL STREET | | 11/21/2011 Pag | . 640.22 | | |
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| MOUNT VERNON, WA 98273 | | | | | |
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| CHICAGO TITLE 10-2 | 0.04.40.21 | | | | |
| Vec 200 20 20 20 20 20 20 20 20 20 20 20 20 | 0014021 | DIE | ACE CHECK ONE | | |
| | | ITITLE ELIM ☐TRANSFER ☐REMOVAL | IN LOCATION FROM REAL PROPERTY | | |
| MANUFACTUREDHOME | | | | | |
| PO / PLATE NUMBER YEAR MAKE | | HICLE IDENTIFICATION NUMB 21910117P | ER (VIN) | | |
| LAND 2002 3KL | - · · · · · · | SCRIPTION ON PAGE | | | |
| MANUFACTURED HOME WILL BE X AFFIX | ED TREMOVED | P50493 and P50 | L NUMBER | | |
| OT BLOCK PLAT NAM | <u>, </u> | | IN/TOWNSHIP/RANGS/ | | |
| | | | -36-4 | | |
| GRANTOR(S) REGISTERED/LEGAL OWN | ER(S) ADDITION BER OF REGISTERED OWNERS | NAL NAMES ON PAGE | GAL OWNERS AV. | | |
| SKAGIT | 2 | | 1 | | |
| AME OF REGISTERED OWNER | | ······ | | | |
| EKMAN, MICHELLE M. AME OF ADDITIONAL REGISTERED OWNER | | | | | |
| EKMAN, JASON | And the state of t | | | | |
| DORESS | CITY | ST. W. | ATE ZIP CODE A 98233 | | |
| 19372 MORTON ROAD AME OF LEGAL OWNER | BURLINGTON | W | 4 70233 | | |
| WASHINGTON FEDERAL SAVINGS | | <u> </u> | | | |
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| DDRESS | CITY | STA | ATE ZIP CODE | | |
| 10001 NE 8TH STREET | BELLEVUE | W. | A 98004 | | |
| GRANTEE IAME | - The second of | | | | |
| | The state of the s | | | | |
| DO SOLEMNLY ATTEST UNDER PENALTY OF VEHICLE AND THIS INFORMATION IS ACCUR | | WARE THE REGISTER | ED OWNER(S) OF THIS | | |
| Signature of Registered Owner and Tit | k 1 1 | 1444 Sn | ner | | |
| - 3 | | | | | |
| Signature of Additional Registered Owner and Tit | IE IF APPLICABLE | OD DEGISTERED OW | NER/S/SIGNATURE | | |
| State of Washin Cour | aton | Signed or attes | | | |
| COUP | | before me | | | |
| 8: 8: | e M. Ekman | Signature Nav | ua A Jenuis | | |
| 2 3 | | NOTARY | 7 # 22 U L | | |
| DE LA DE LA DE LA DE LA DELLA DE LA DELLA | kman of REGISTERED OWNER | PRINTED NAME OF NO | Jennings | | |
| Title Notar | y Public | AND: | y/Office No. OR 10/5/3612 Deafer No. OR | | |
| TITLE COMPANY CERTIFICATION | POSITION/AGENT/NOTARY | Notary | Expiration Date 10/5/2021 | | |
| certify that the legal description of the land and c | | | irds. | | |
| AME (TYPED OR PRINTED) | TITLE CO | MPANY / PHONE NUMBER | | | |
| SIGNATURE / POSITION | | | DATE | | |
| | | | | | |
| Finalize this application with a Licensing Age | | f the date Title Compar | y Representative signs. | | |
| BUILDING PERMIT OFFICE CERTIFICATIO | has been affixed to the real pro | operty as described. | | | |
| a building permit has bee | n issued for this purpose and | the attachment will be in | | | |
| AME (TYPED OR PRINTED) | BLDG PERMIT OFFICE/PHONE # | 540 336 9410 BL | DG PERMIT# | | |

BP09-0585

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| A STATE OF THE STA | | | | | | | | |
|--|--|---|--|--|---|----------------------------|--|-----------------------|
| 6 SIGNATURE OF L | - 1, 1, 3, | | | | | | | |
| SIGNATURE OF LEG | AL OWNER IND | ICATES CON | SENT FOR | ELIMINATIO | NOFTIT | LE/REMOV | AL FROM RI | EAL PROPERTY. |
| Signature of | Legal Ówner and | d Title, IF APPI | LICABLE _1 | J. Sim | | Just, Vice | - president - | Ar Washington Federal |
| Signature of Additional | Legal Owner an | d Title, IF APPI | LICABLE _ | | | | | |
| NOTARY SEAL OR ST | AMP | NOTAR | ZATION/CE | RTIFICATIO | NFORL | EGAL OWNI | R(S) SIGNA | TURE |
| E HOLME | State | of Washington County of | - A 1 | اهر | | Signed or atte before r | | 10/11 |
| T NOTHER B | by | ANN C | 3. >~ | <u>်ယ်</u> | Sign | ature | 25 Jane | Lomes |
| SUBLIC S | 15: | THE OF LEG | SAL OTTHER | | ~ | ۱۸ ۵۱ که | الملد الم | |
| 3 | by PR | INT NAME OF LEG | AL OWNER | · <u>· · · · · · · · · · · · · · · · · · </u> | PRIN | TEO NAME OF N | IOTARY | WES . |
| ECHASI | Title | Netterv | Publ | ic_ | | Cour AND: | nty/Office No. Q Dealer No. Q | |
| WHITE WALL | DE | ALERSHIP POSIT | ION AGENT/NO | YAAY | | | y Expiration Da | |
| 7 LAND DESCRIPTI | ON (A legal des | cription of the | e land can b | e obtained f | rom the I | ocal County | Assessor's | Office |
| | | * | | | i to contract to the contract | | | |
| | | | : | J. J. | | | | |
| 8 DEALER'S REPO | | | | | | | | |
| I CERTIFY THAT TH ANY REQUIRED SA | | | | HICLE IS CLI | EAR OF E | NCUMBRA | NCES EXCER | 'T AS SHOWN. |
| DEALER NAME (TYPED OR | | JEEN OULL | OTED. | | WA DEALE | ER NUMBER | DATE OF | SALE |
| PURCHASE PRICE | TAX JURISDIC | TION/TAX FIATE | DEALER'S AL | JTHORIZED SIGI | NATURE | 7 | | |
| | | | | ¥ ₅ | Straight J | Z jerone. | | ····· |
| | EMPT Sale to a | | | | | | tement of deli- | very). |
| G COUNTY AUDITOR I certify that the above ap | | | | | | ~ ~~~~~~ | ot does mantet | ion to proposit with |
| the recording of this for | | | ompleted oc | arectly, and th | e applica | it nas sumcie | ntoocomentat | ion to broceed with |
| NAME (TYPED OR PRINTED | | | | | | mana (200) 200) | ERATOR NUMBE | A |
| <u> </u> | ma | | | | 120 | 1 · OA / | | |
| SIGNATURE | <u>. </u> | > | | | | | DATE | |
| TITLE FEES | | - | | | | <u>}</u> | | <u> </u> |
| | PPLICATION | MOBILE HO | ME FEE | ELIMINATION I | FEE | USE TAX | Sul | BAGENT FEES |
| IMPORTANT: | Licensing O Retain proof your origina | oplication has ffice, take yo f of the recor I application | our applica ding fees form, obta | tion form to paid. If the l in a certified | the Cou Recording d copy o | inty Recording Office re | Vehicle ling Office tains ded form. | TAL FEES & TAX |
| APPLI | Mai | ce recorded, nufactured H nsing subago | ome Appli | cation, payi | ng all re | | | he |
| | tructions on co | | | | | | | |

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, places and food access to its services.

STATE OF WASHINGTON DEPARTMENT OF MASHINGTON

MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT

LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. 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 type of | application: | XX Title Elimina | ation | | | |
|-----------------|--|---------------------|---|----------------|--|-------------------|
| | 4N Y., - | Removal Fr | om Real Pro | operty | | |
| | | Transfer In | Location | | | |
| | | > | 7.07.00 | 1 250// | | |
| Land: | Property Tax I | Parcel Number _ | P50493 | and P5046 | .3 | |
| | at the first of the state of the | | | | | |
| | Legal Descript | tion: | | | | |
| | | | | | | |
| For APN/Parc | el ID(s): P5049 | 3, P50463, 3604 | 32-2-016 - 00 | 12 and 3604 | <u> 132-2-001-010</u> | 10 |
| PARCEL A: | | | % - 35 - 57 | | | |
| | ne Northeast corr North, and Range | ner of the Northe | ast Quarter | of the Northw | vest Quarter o | f Section 32, |
| | | | ision, a dista | ance of 30 fe | et to the true r | oint of beginning |
| | | he East line of sa | | | | |
| Thence West | 208.7 feet; | | <u> </u> | 15 | | |
| | | oint that is 30 fee | t South of th | ie North line | of said subdiv | ision; |
| inence East to | the true point o | r beginning. | and the same of | | | in de |
| Situated in Ska | agit County, Was | hington. | | | | |
| PARCEL B: | | | Stanton Y | | | |
| | | ner of the Northea | ast Quarter (| of the Northw | vest Quarter o | f Section 32, |
| Township 36 N | lorth, Range 4 E | ast, W.M.: | | 6000 | | |
| beginning; | along the East II | ne of said subdiv | ision, a dista | Ince of 238.7 | reet to the tru | te bolur of |
| | ue South along t | he East line of sa | id subdivisio | on, a distance | e of 208.7 feet | t: |
| Thence West 2 | | | | · Sanda | | • |
| | | South line of Par | | inabove; | | <u> </u> |
| Thence East 2 | 08 feet to the tru | e point of beginni | ing. | | | |
| Situated in Ska | agit County Was | hinaton | | | and the second s | M |

201111210048 Skagit County Auditor 11/21/2011 Page 3 of 3 10:32AM