

RETURN TO LYNNWOOD MORTGAGE CORP
 P.O. BOX 5857
 LYNNWOOD, WA 98046



MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK 96 MAY -2 19:42	FILED AT THE REQUEST OF: NAME ADDRESS
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Please check one

- TITLE ELIMINATION (Complete all but section 3, below)
- TRANSFER IN LOCATION (Complete ALL sections below)
- REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

3605020042

1. MANUFACTURED HOME			
TPO/PLATE NUMBER	YEAR 79	MAKE GUERDON KINGWOOD	WIDTH/LENGTH 48/24
			VEHICLE IDENTIFICATION NUMBER (VIN) 8002

2. LAND	
Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732). Manufactured home will be <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED	
PROPERTY TAX PARCEL NUMBER 360519-0-009-2009	

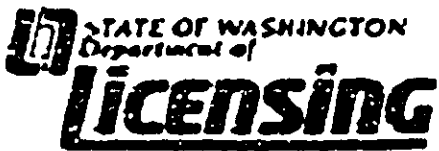
3. TITLE COMPANY CERTIFICATION			
I certify that the legal description of the land and ownership is true and correct per the real property records.			
NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE X	DATE
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.			

4. BUILDING PERMIT OFFICE CERTIFICATION			
I certify that the manufactured home has been affixed to the real property as described, or a building permit has been issued for this purpose and the attachment will be inspected upon completion.			BLDG PERMIT # 96-0214
NAME Jody Ann Goodman	SIGNATURE/TITLE X Jody Ann Goodman	BLDG PERMIT OFFICE/PHONE # 336-9410	DATE 5/2/96

5. OWNER INFORMATION				SKAGIT COUNTY PERMIT CENTER		FEES	
COUNTY # INC UNINC	# REGISTERED OWNERS	# LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:			FILING FEE	
NAME OF FIRST OWNER OFFLEY, ARTHUR D.				TITLE # AD-12727		APPLICATION	
NAME OF SECOND OWNER OFFLEY, SHARON S.				OFFLES544109		MOBILE HOME FEES	
ADDRESS OF OWNER 350 NEWBERG PLACE				--OR-- if the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document. 1-00 453 750		ELIMINATION	
CITY SEDRO WOOLLEY	STATE WA.	ZIP CODE 98284	USE TAX				
NAME OF FIRST LEGAL OWNER LYNNWOOD MORTGAGE CORP						SUB-AGENT FEES	
MAILING ADDRESS OF FIRST LEGAL OWNER P.O. Box 5857				More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.		TOTAL FEES & TAX \$	
CITY LYNNWOOD	STATE WA.	ZIP CODE 98046	DEALER'S REPORT OF SALE				
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY				I certify that this information is correct. The vehicle is clear of encumbrances except as shown.			

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 of up to \$5,000 and/or 10 years imprisonment (RCW 48.12.210) I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE.			WA DLR NO	DATE OF SALE	PURCHASE PRICE \$
Notary Signature(s) & Title(s): X [Signature]			DEALER NAME		TAX JURISDICTION/TAX RATE
X [Signature]			DEALER'S AUTHORIZED SIGNATURE X		54160660
X [Signature]			<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		
NOTARY OF LICENSING AGENT & NUMBER X [Signature]	SUBSCRIBED TO AND SWORN BEFORE ME THIS 17th DAY OF June 1996		Residing in (County) Snohomish		

6. COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)			
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 DEPT. OF LICENSING	SIGNATURE X [Signature]	OFFICE/VFS OPERATOR NUMBER 3605020042	DATE 5-2-96



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: Title Elimination
 Removal From Real Property
 Transfer In Location

Land: Property Tax Parcel Number 360519-0-009-2009

Legal Description:

That portion of the Southeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 19, Township 36 North, Range 5 East, W.M., Skagit County, Washington, described as follows:

Beginning at the Southeast corner of said subdivision; thence North $86^{\circ}16'01''$ West, 364.02 feet to the point of beginning; thence continuing North $86^{\circ}16'01''$ West, 660.78 feet; thence North $0^{\circ}56'29''$ East, 331.06 feet; thence South $86^{\circ}16'01''$ East, 660.78 feet; thence South $0^{\circ}56'29''$ West, 331.05 feet to the point of beginning, more commonly known as Parcel 29 of the Record of Survey recorded in Volume 1 of Surveys, page 85, under Auditor's File No. 805666, as supplemented by map recorded in Volume 1 of Surveys, page 110, under Auditor's File No. 809463, records of Skagit County, Washington.

TOGETHER WITH non-exclusive easements for ingress, egress and utilities over and across those certain strips of land designated and delineated on the above noted Surveys and in Survey filed in Volume 1 of Surveys, page 84, under Auditor's File No. 805665 and supplemented by Map filed in Volume 1 of Surveys, page 109, under Auditor's File No. 809462, and as amended by Survey recorded April 15, 1976, under Auditor's File No. 833345, in Volume 1 of Surveys, page 179, records of Skagit County, Washington, and also as set forth in that certain "Corrected Declaration of Easement", recorded April 30, 1976, under Auditor's File No. 834176.

Situate in the County of Skagit, State of Washington.

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