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Kathy Hill, Skagit County Auditor  
1/28/2000 Page 1 of 2 11:27:47AM

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION  
P.O. BOX 5857  
Lynnwood, WA. 98046  
ESC. # 990649

FIRST AMERICAN TITLE CO \$9235

**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 2000	MAKE SKYLINE	LENGTH/WIDTH (FEET) 48/49' 4" X 22	VEHICLE IDENTIFICATION NUMBER (VIN) 6791-0374-M
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**2 LAND** **LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER 360420-1-004-0004/R49546

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE 20-36-4 NE-NE
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** **ADDITIONAL NAMES ON PAGE**

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER  
RODGER W. JENSEN

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS 3065 Bulters Creek Rd.	CITY Sedro Woolley	STATE WA.	ZIP CODE 98282
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NAME OF LEGAL OWNER  
Greenpoint Mortgage Funding, Inc.

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS 330-120 Ave. N.E., Ste. 210	CITY Bellevue	STATE WA.	ZIP CODE 98005
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**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: *Rodger W. Jensen*

Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

State of Washington County of SNOHOMISH Signed or attested before me on 1-28-00

by RODGER W. JENSEN Signature *[Signature]*  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by NOTARY DEE GOOBY  
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date 1-11-02

**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) TISH CAMPBELL	BLDG PERMIT OFFICE # SKAGIT COUNTY PERMIT CENTER 360/536-9410	BLDG PERMIT # 99-0691
SIGNATURE / POSITION <i>Tish Campbell Support Services</i>		DATE 01/27/00

**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 Debbie Ingie V.P

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <u>King</u>	Signed or attested before me on <u>12-27-99</u>
	by <u>Debbie Ingie V.P</u> PRINT NAME OF LEGAL OWNER	Signature <u>Marsha N Stevens</u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	<u>MARSHA N STEVENS</u> PRINTED NAME OF NOTARY
Title _____ DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>12-19-01</u>	

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

The North 1/2 of that part of the Northeast 1/4 of the Northeast 1/4 of Section 20, Township 36 North, Range 4 East, W.M., lying East of the C.C.C. Road, also known as Butler Creek Road, less the North 235 feet of the above described property.

**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 CORRAL INC</u>		WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>12-29-99</u>
PURCHASE PRICE <u>72445-</u>	TAX JURISDICTION/TAX RATE <u>7.8</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</u>	
<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) <u>PEGGY A. RIEDELL</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-04</u>
SIGNATURE <u>Peggy A. Riedell</u>	DATE <u>1/28/2000</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.

