

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION
 P.O. BOX 5857
 LYNNWOOD, WA. 98046
 ESC. # 990705



200001280096
 Kathy Hill, Skagit County Auditor
 1/28/2000 Page 1 of 2 1:30:50PM

		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <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)					
1 MANUFACTURED HOME				FIRST AMERICAN TITLE CO.	
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2000	SKYLINE	66 X 28	2191-0131-M	59121
2 LAND			LEGAL DESCRIPTION ON PAGE _____		
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 331031-4-005-0009		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)			ADDITIONAL NAMES ON PAGE _____		
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
NAME OF REGISTERED OWNER					
Susan J. Lander					
NAME OF ADDITIONAL REGISTERED OWNER					
Douglas A. Lander					
ADDRESS		CITY	STATE	ZIP CODE	
54251 Fortner Road		Darrington	WA.	98241	
NAME OF LEGAL OWNER					
LYNNWOOD MORTGAGE CORPORATION					
NAME OF ADDITIONAL LEGAL OWNER					
P.O. BOX 5010					
ADDRESS		CITY	STATE	ZIP CODE	
P.O. BOX 5010		Lynnwood	WA.	98046	
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 <i>Susan J. Lander</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Douglas A. Lander</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington	Signed or attested before me on		1-29-99
		County of Snohomish	Signature		<i>Dee Gooby</i>
		by Susan J. Lander	NOTARY OR AGENT		
		by Douglas A. Lander	PRINTED NAME OF NOTARY		Dee Gooby
		Title Notary	AND: County/Office No. OR Dealer No. OR		1-11-02
		DEALERSHIP POSITION/AGENT/NOTARY	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		
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: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input checked="" 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 #	
Robin Tempest		SKAGIT COUNTY PERMIT CENTER 336-9410		99-0636	
SIGNATURE / POSITION				DATE	
<i>Robin Tempest / Supp. Serv. Tech.</i>				1-24-00	

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 Patti Andrie, CORP. SECRETARY

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Snohomish</u>	Signed or attested before me on <u>1-12-2000</u>
	by <u>LYNWOOD MTO. Corp</u> PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by <u>PATTI ANDRIE Corp.</u> PRINT NAME OF LEGAL OWNER <u>SEC.</u>	Dee Gooby PRINTED NAME OF NOTARY
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR <u>1-11-02</u> Dealer No. OR _____ Notary Expiration Date	

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

The Southwest 1/4 of the Southeast 1/4 of Section 31, Township 33 North, Range 10 East, W.M., lying North of the existing County Road, EXCEPT the East 11151.00 feet thereof.

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>1-7-00</u>
PURCHASE PRICE <u>71495-</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>CRYSTAL R. BURRESS</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-10</u>
SIGNATURE <u>Crystal R. Burress</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.

