

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION

P.O. BOX 5857

LYNNWOOD, WA. 98046

ESC. # 200126



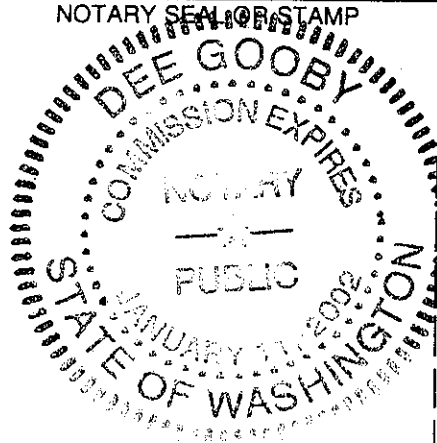
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Kathy Hill, Skagit County Auditor

3/24/2000 Page 1 of 2 12:57:56PM

LAND TITLE COMPANY OF SKAGIT COUNTY

STATE OF WASHINGTON Department of Licensing		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 <i>BRA 74A</i>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2000	SKYLINE48	49.4 X 42	6791-0419M	
2 LAND <i>LEGAL DESCRIPTION ON PAGE</i>					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER	
				3867-000-002-0800	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
<i>pt TR2</i>	<i>Burlington</i>	<i>Acceage</i>	<i>28-35-4</i>		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) <i>ADDITIONAL NAMES ON PAGE</i>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER					
RAYMOND P. ACHESON					
NAME OF ADDITIONAL REGISTERED OWNER					
TORIEL. ACHESON					
ADDRESS		CITY		STATE	ZIP CODE
20779 W. Jordan Road		Burlington		WA.	98233
NAME OF LEGAL OWNER					
LYNNWOOD MORTGAGE CORPORATION					
NAME OF ADDITIONAL LEGAL OWNER					
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>Raymond P Acheson</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE: <i>Torie L Acheson</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested	
		County of <u>Snohomish</u>		before me on <u>2-29-00</u>	
		by <u>Raymond P. Acheson</u>		Signature <i>Dee Gooby</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by <u>ToriEL. Acheson</u>		PRINTED NAME OF NOTARY	
PRINT NAME OF REGISTERED OWNER		County/Office No. OR		AND: Dealer No. OR	
Title <u>NOTARY</u>		1-11-02		Notary Expiration Date	
DEALERSHIP POSITION/AGENT/NOTARY					
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 #	
TAWNEE BOSMAN		SKAGIT COUNTY PERMIT CENTER		99-0842	
SIGNATURE / POSITION		DATE			
<i>Tawnee Bosman</i>		Support Services		03/22/2000	

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 <u>Nancy Fontaine - Sh. Vice President</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington _____ County of <u>Ingham</u> Signed or attested before me on <u>3-29-00</u> by <u>Lynnwood Mtn. Care</u> Signature <u>Dee Gooby</u> <small>PRINT NAME OF LEGAL OWNER</small> <small>NOTARY OR AGENT</small> by <u>NANCY FONTAINE, SR. V.P.</u> <u>Dee Gooby</u> <small>PRINT NAME OF LEGAL OWNER</small> <small>PRINTED NAME OF NOTARY</small> Title <u>NOTARY</u> AND: County/Office No. OR _____ <small>DEALERSHIP POSITION/AGENT/NOTARY</small> Dealer No. OR <u>1-11-02</u> <small></small> Notary Expiration Date			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Burlington Acreage Lt 2 SP PPT 92-006 AF# 9210190078 Also known as portion E 1/2 tr 2 Burlington Acreage located in NW 1/4 SE 1/4 28-35-4					
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>3-1-00</u>
PURCHASE PRICE <u>68615-</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>Teresa Medved</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>29101-11</u>		
SIGNATURE <u>Teresa Medved</u>			DATE <u>3-24-00</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p>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.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>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.</p> </div> <p>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.</p>					

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.



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