

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION  
 P.O. BOX 5857  
 LYNNWOOD, WA. 98046  
 ESC. 200071



200006090056  
 Kathy Hill, Skagit County Auditor  
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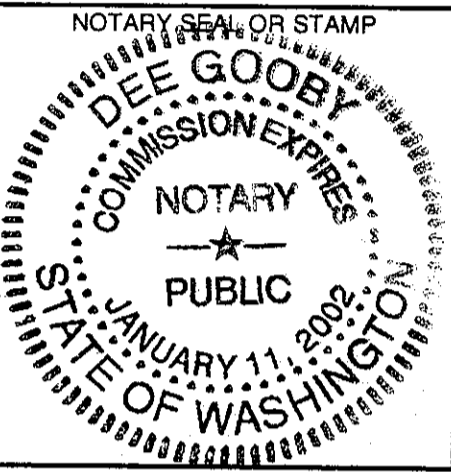
		<b>MANUFACTURED HOME APPLICATION</b>		<b>PLEASE CHECK ONE</b> <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210) <span style="float: right;">61438</span>					
<b>1 MANUFACTURED HOME</b>			FIRST AMERICAN TITLE CO.		
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2000	SKYLINE	44 X 28	2191-0747-M	
<b>2 LAND</b>		LEGAL DESCRIPTION ON PAGE _____			
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 4719-000-022-0000	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
22		BAKERVIEW WEST			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>			ADDITIONAL NAMES ON PAGE _____		
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
SKAGIT		1		1	
NAME OF REGISTERED OWNER					
KAREN M. KELLEY					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY		STATE	ZIP CODE
2915 Bakerview Pl.		Mt. Vernon		WA.	98046
NAME OF LEGAL OWNER					
LYNNWOOD MORTGAGE CORPORATION					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY		STATE	ZIP CODE
P.O. BOX 5010		Lynnwood		WA.	98046
<b>GRANTEE</b> 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>Karen M Kelley</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE _____					
		<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>			
State of Washington County of SNOHOMISH		Signed or attested before me on 5/5/00			
by KAREN M. KELLEY PRINT NAME OF REGISTERED OWNER		Signature <i>Dee Gooby</i> NOTARY OR AGENT			
by _____ PRINT NAME OF REGISTERED OWNER		DEE GOOBY PRINTED NAME OF NOTARY			
Title NOTARY DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR 1-11-02 Notary Expiration Date			
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input 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 #	
RICK E FROSSER		360-336-6214		15478	
SIGNATURE POSITION				DATE	
<i>Rick Frosser</i>		Building Inspector		6/8/00	

**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 Dana Colman, Sr. V.P.

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



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

State of Washington County of Snohomish Signed or attested before me on 5-19-00

by Lynnwood MTC Corp Signature Dee Gooby  
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by NANCY FONTAINE, Sr. V.P. DEE GOOBY  
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

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

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

Lot 22, "PLAT OF BAKERVIEW WEST", as per Plat recorded in Volume 17 of Plats, Pages 13 through 16, inclusive, records of Skagit County, Washington.

**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) COACH CORRAL INC WA DEALER NUMBER \_\_\_\_\_ DATE OF SALE 5-11-00

PURCHASE PRICE 45230- TAX JURISDICTION/TAX RATE 7.8 DEALER'S AUTHORIZED SIGNATURE Linda Milbourn

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) Hursty Lowery COUNTY OFFICE/VEH OPERATOR NUMBER 290108

SIGNATURE Hursty Lowery DATE 6/9/00

**10 TITLE FEES**

FILING FEE \_\_\_\_\_ APPLICATION \_\_\_\_\_ MOBILE HOME FEE \_\_\_\_\_ ELIMINATION FEE \_\_\_\_\_ USE TAX \_\_\_\_\_ SUBAGENT FEES \_\_\_\_\_

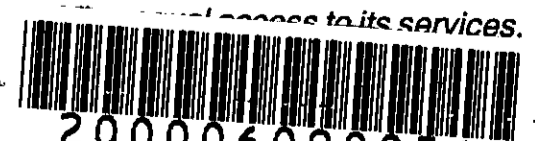
TOTAL FEES & TAX \_\_\_\_\_

**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  
If you need special accommodation



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