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LYNNWOOD ESCROW CORPORATION	
P.O. BOX 5857	
LYNNWOOD, WA. 98046	,
ESC. 991171	

RETURN ADDRESS



STATE OF WASHING Department of		200 No.	ACTURED	•		SE CHECK ONE
ICENS	Ing/	S AP	<b>PLICATION</b>	<b>√</b> F	TITLE ELIMIN TRANSFER IN	IATION LLOCATION
		loo ototomont o	formatorial for all to	r		ROM REAL PROPERTY
Anyone who knowing of a felony, and upon	conviction m	use statement o lav be punished	t a material fact is ( I by a fine-impriso	JUNEY		
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TPO / PLATE NUMBER			- ENOTHING -		ST AMERICAN	
TPO / PLATE NUMBER	YEAR	MAKE	LENGTHWIDTH(FEET		ITIFICATION NUMBER	(VIN)
2 LAND	2000	SKYLINE	44 <b>X</b> 28		0548-M	
Z LAND		No. 2000	LEG/		TION ON PAGE _	
MANUFACTURED HO	ME WILL BE	AFFIXED	REMOVED		PERTY TAX PARCEL N 	
LOT 7 C BLC	OCK	PLAT NAME				OWNSHIP/RANGE
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3 GRANTOR(S) REC	SISTERED/LE				MES ON PAGE _	
COUNTY NUMBER		NUMBER C	F REGISTERED OWNER	IS	NUMBER OF LEGAL	OWNERS
	···_		Carried State of the Control of the			
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NAME OF ADDITIONAL REGI	STERED OWNER			$N_{i} = N_{i} = N_{i$	erte.	
		·		Ser Harris		
ADDRESS			CITY	And the state of t	STATE	ZIP CODE
1001 North 30	<u>th</u>		Mt. Vernon	- Committee	WA.	98273
NAME OF LEGAL OWNER						
LYNNWOOD MORT		PORATION		· · · · · · · · · · · · · · · · · · ·		
NAME OF ADDITIONAL LEGA	LOWNER			•		
1000000						
ADDRESS			CITY		STATE	ZIP CODE
P.O. BOX 5010			LYNNWOOD		WA.	98046
GRANTEE						
NAME						
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Signature of I	Registered Ov	vner and Title, IF	APPLICABLE	( L.	who a	·
Signature of Additional I	Registered Ov	vner and Title, IF.	APPLICABLE			
NOTARY SEAL OR STAI	MP	NOTARIZAT	ION/CERTIFICATION	ON FOR REGI	STERED OWNER	(S) SIGNATURE
WEE GOOD	State	e of Washington			Signed or attested	<u> </u>
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	by 💆	CHISER		/LLA-Signa	ature <b>A</b>	Maken
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- 7	Significant Signif				)EE G	50081
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300000000000000000000000000000000000000		EALERSHIP POSITIO	N/AGENT/NOTARY		Notary Expir	
TITLECOMPANYC				···		
certify that the legal des	cription of the	land and owners				
AME (TYPED OR PRINTED)	`		, TITLI	COMPANY / PHO	ONE NUMBER	,
IGNATURE / POSITION			and a second			DATE
inalize this application	n with a Licen	sing Agent with	nin 10 calendar day	s of the date	Title Company Re	presentative signs.
BUILDING PERMIT						
certify that:	hemanufactu	red home has be	en affixed to the rea	property as d	escribed.	
Sorting triat.	a building pern	nit has been issu	ed for this purpose a	nd the attachn	nent will be inspec	ted upon completion.
AME (TYPED OR PRINTED)	/ (		G PERMIT OFFICE/PHOI		BLDG PE	
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GNATURE / POSITION	1	J			· · · · · · · · · · · · · · · · · · ·	DATE
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Signature of Legal	Owner and Title, IF AF	PPLICABLE	<u>Car</u>	11/	uni	Messa, i	EXCOUNTE (
Signature of Additional Legal	Owner and Title, IF AF	PLICABLE					
NOTARY PRALIONSTAMP	NOTA	RIZATION	CERTIFICAT	TION FOR	RLEGAL	OWNER(S)	SIGNATURE
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OF THE	PRINT NAME OF L	EGAL OWNER		PF		E OF NOTARY	
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LAND DESCRIPTION (A)	DEALERSHIP POS					Notary Evolu	Alon Data
LAND DESCRIPTION (A	egal description of the	ne land car	i be obtained	d from the	e local Co	unty Asses	sor's Office
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DEALER'S REPORT OF S					· · · · · · · · · · · · · · · · · · ·		
I CERTIFY THAT THIS INFO ANY REQUIRED SALES TA	RMATION IS CORRE	CT. THE VI	EHICLE IS C	LEAR OF	ENCUMB	RANCES E	XCEPT AS SHOWN.
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COACH COR	RAL INC			l.	278		ATE OF SALE
TAX	JURISDICTION/TAX RATE	DEALER'S A	UTHORIZED SIG	NATURE		The land of the la	<u> </u>
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USE TAX EXEMPT S	ale to a Certified Tribal	memberon	the reservati	on (attach	notarized	statement o	f delivery)
	LICENSING OFFICE	= APPROV	AL: (Not for	HEA hy S	Libogonto	1	A CONTRACTOR OF THE CONTRACTOR
rtify that the above application recording of this form.	appears to have been c	completed co	orrectly, and th	ne applica	nt has suffi	cient docum	entation to proceed with
ME (TYPED OR PRINTED)							
<u>URYSTAL</u>	R. BURRES	S		COUNTY	OFFICE/VFS	01-10	UMBER
NATURE	/ \			<u></u>	0.7	DAT	
and the second s	Chyptal R.B	URREW	)				6-12-2000
TITLE FEES  IG FEE APPLICATION							<u> </u>
NG FEE APPLICATION	MOBILE HOI	ME FEE	ELIMINATION	FEE	USE TAX		SUBAGENT FEES
	<u> </u>	<del></del>	<u>                                     </u>		<u> </u>		TOTAL FEES & TAX
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·	and the state of t						
IMPORTANT: Once	the application has	been app	roved by th	e Count	y Auditor	/ Vehicle	,
LICEIIS	ing Onice, take vol	ir applicat	ion form to	the Cau	nty Dage	malia a Occi	e.
riotairi	proof of the record riginal application fo	mig rees c	oaid. It the i	Recordin	na Offica	rotoina	
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APPLICANTS:	Once recorded, y	ou must r	eturn to a V	ehicle L	icensina	office to fi	le the
	ivialiulaciuled Ho	me Applic	ation, pavir	ng all red	uired fee	s. Vehicle	
	ilicensing subager	nts charge	a service f	ee.			
For full instructions or Transfer in Locat	on completing this	form for T	itle Elimine	tion Par	moval fra	m Peal D	
or Transfer in Locat	ion, see form TD-4	20-730, N	lanufacture	d Home	Applicati	on instruct	tions.
		1 d d (2007)	49				

The Department of Licensing he If you need special accommod

