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Kathy Hill, Skagit County Auditor  
7/5/2000 Page 1 of 2 11:13:50AM

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION

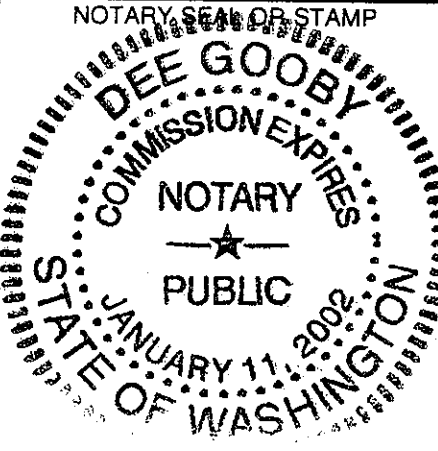
P.O. BOX 5857

LYNNWOOD, WA. 98046

ESC. 200258

FIRST AMERICAN TITLE CO. 61803

STATE OF WASHINGTON Department of <b>Licensing</b>		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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2000	SKYLINE	40 X 28	2191-0259-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 4719-000-023-0000	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
23		BAKERVUE WEST			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER DILLARD H. GREATHOUSE					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY		STATE	ZIP CODE
2917 Bakerview Ct.		Mt. Vernon		WA.	98274
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>Dillard H Greathouse</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE: _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on <i>5-4-00</i>	
		County of Snohomish			
		by <u>Dillard H. Greathouse</u>		Signature <i>[Signature]</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by _____		PRINTED NAME OF NOTARY	
PRINT NAME OF REGISTERED OWNER		Dee Gooby			
Title Notary		AND: County/Office No. OR		Dealer No. OR 1-11-02	
DEALERSHIP POSITION/AGENT/NOTARY		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 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 #	
<i>Rick Rosser</i>		360-336-6214		15733	
SIGNATURE / POSITION				DATE	
<i>Rick Rosser - Building Inspector</i>				6/26/00	

<b>6 SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u>Patti Ainslie corp. sec.</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>			
State of Washington		County of <u>SNOHOMISH</u>		Signed or attested before me on <u>6-14-00</u>	
by <u>LYNNWOOD MORTGAGE CORP.</u>		PRINT NAME OF LEGAL OWNER		Signature <u>[Signature]</u>	
by <u>PATTIE AINSLIE, CORP. SEC.</u>		PRINT NAME OF LEGAL OWNER		DEE GOOBY	
Title <u>NOTARY</u>		DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR <u>1-11-02</u> Notary Expiration Date	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Lot 23, "PLAT OF BAKERVIEW WEST", as per Plat recorded in Volume 17 of Plats, page 13 through 16, inclusive, records of Skagit County, Washington.					
<b>8 DEALER'S REPORT OF SALE</b>					
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>5-10-00</u>
PURCHASE PRICE <u>37735-</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).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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>Kirsty Lowery</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>		
SIGNATURE <u>Kirsty Lowery</u>			DATE <u>7/5/00</u>		
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<b>IMPORTANT:</b> 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.					
<b>APPLICANTS:</b> 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, p'



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