



200008020011

Kathy Hill, Skagit County Auditor  
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RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION  
P.O. BOX 5857  
LYNNWOOD, WA. 98046  
ESC. # 200325

**STATE OF WASHINGTON Department of Licensing** **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**

TITLE ELIMINATION  
 TRANSFER IN LOCATION  
 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) **61971**

**1 MANUFACTURED HOME** **FIRST AMERICAN TITLE CO.**

TPO / PLATE NUMBER	YEAR 2000	MAKE SKYLINE	LENGTH/WIDTH(FEET) 66 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 2191-0865-M
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**2 LAND** **LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER **350530-0-010-0201**

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE 30-135-Rng5 NE-NW
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** **ADDITIONAL NAMES ON PAGE**

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER  
**Arturo L. Ortiz**

NAME OF ADDITIONAL REGISTERED OWNER  
**Martha M. Ortiz**

ADDRESS 1216 E. Jameson St.	CITY Sedro Woolley	STATE WA.	ZIP CODE 98284
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NAME OF LEGAL OWNER  
**Golf Savings Bank**

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS P.O. Box 5010	CITY Lynnwood	STATE WA.	ZIP CODE 98046
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**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 *Arturo L. Ortiz*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Martha M. Ortiz*

	<b>NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b>	
	State of Washington County of <b>Snohomish</b>	Signed or attested before me on <b>7-10-00</b>
	by <b>Arturo L. Ortiz</b> PRINT NAME OF REGISTERED OWNER	Signature <i>Dee Gooby</i> NOTARY OR AGENT
	by <b>Martha M. Ortiz</b> PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY <b>Dee Gooby</b>
Title <b>Notary</b> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. <b>OR 1-11-02</b> Dealer No. OR 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:  the manufactured home has been affixed to the real property as described.  
 a building permit has been issued for this purpose and the attachment will be inspected upon completion.

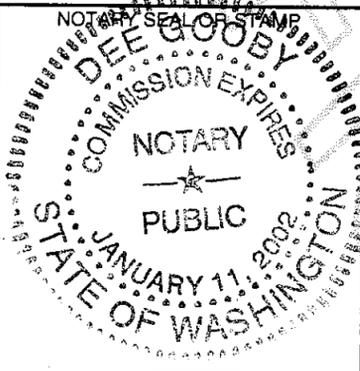
NAME (TYPED OR PRINTED) <b>ARDELL McCOMBS</b>	BLDG PERMIT OFFICE/PHONE # <b>360-855-0771</b>	BLDG PERMIT # <b>6186</b>
SIGNATURE / POSITION <i>ARDELL McCOMBS</i> BUILDING OFFICIAL	DATE <b>7/24/00</b>	

**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 *William [Signature], EXEC VP*

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 7-27-00

by Golf Savings Bank  
PRINT NAME OF LEGAL OWNER

Signature *[Signature]*  
NOTARY OR AGENT

by Dennis O'leary, Exec VP  
PRINT NAME OF LEGAL OWNER

Dee Gooby  
PRINTED NAME OF NOTARY

Title Notary  
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR 1-11-02  
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)**

See Attached Legal description

**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>7-17-00</u>
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PURCHASE PRICE <u>57200-</u>	TAX JURISDICTION/TAX RATE <u>7.8</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</u>
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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. BURGESS</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-10</u>
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SIGNATURE <u>Crystal Burgess</u>	DATE <u>8-1-2000</u>
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**10 TITLE FEES**

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
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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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MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT  
**LEGAL DESCRIPTION OF LAND**

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

**Check type of application:**  Title Elimination  
 Removal From Real Property  
 Transfer In Location

**Land:** Property Tax Parcel Number 350530-0-013-0201 (R40372)

Legal Description:

Those portions of Tracts "B" and "C" of City of Sedro Woolley Short Plat No. SW-01-83, approved September 23, 1984, and recorded October 1, 1984, as Auditor's File No. 8410010073, in Volume 6 of Short Plats, Page 176, records of Skagit County, Washington, lying Easterly of the following described fence line:

Begin at the most Northerly point of a cedar fence as it existed on June 4, 1986, said point being approximately at the intersection of the North line of said Tracts "B" and "C", with the boundary line between said Tracts "B" and "C"; thence South along fence line being the approximate boundary line between said Tracts, a distance of 44 feet, more or less, to an angle point in said fence line; thence Southeasterly along said fence line, 33 feet, more or less, to another angle point in said fence line; said angle point being approximately on the boundary line between said Tracts "B" and "C"; thence South along said fence line, 53 feet, more or less, to the North line of Tract "A", of said Short Plat, which is the terminal point of this fence line description.

All of the above being a portion of the Northeast 1/4 of the Northwest 1/4 of Section 30, Township 35 North, Range 5 East, W.M.



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# OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

**CHECK TYPE OF APPLICATION:**  Title Elimination  
 Removal From Real Property  
 Transfer In Location

**PROPERTY TAX PARCEL NUMBER:**

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)	
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
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NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
<b>SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE:</b>	
SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
<b>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>	
<b>I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:</b>	
SIGNATURE OF REGISTERED OWNER	DATE
NOTARY SEAL OR STAMP	<p style="text-align: center;"><b>NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</b></p> <p>State of Washington  County of _____ Signed or attested  before me on _____</p> <p>by _____  Printed Name of Applicant Signature</p> <p>Title _____  DEALERSHIP Position/Agent/NOTARY Dealer No. OR  AND: County/Office No. OR  Notary Expiration Date</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.*