

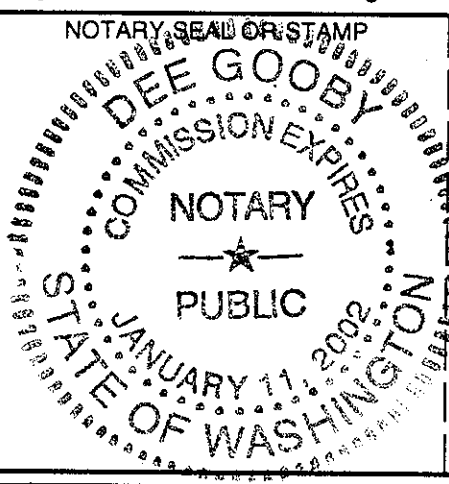
RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION
P.O. Box 5857
LYNNWOOD, WA 98046
ESC. # 200399



200008240003
Kathy Hill, Skagit County Auditor
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		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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 58843					
TPO / PLATE NUMBER	YEAR <u>2001</u>	MAKE <u>SKYLINE</u>	LENGTH/WIDTH(FEET) <u>52 X 28</u>	VEHICLE IDENTIFICATION NUMBER (VIN) <u>2191-0153-N</u>	
FIRST AMERICAN TITLE CO.					
2 LAND LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER <u>4719-000-021-0000(R113635)</u>	
LOT <u>21</u>	BLOCK	PLAT NAME "PLAT OF BAKERVIEW WEST"		SECTION/TOWNSHIP/RANGE	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER <u>21</u>		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER <u>Efrain Hernandez Jr.</u>					
NAME OF ADDITIONAL REGISTERED OWNER <u>Kristine H. Hernandez</u>					
ADDRESS <u>2911 Bakerview Pl.</u>		CITY <u>Mt. Vernon</u>		STATE <u>WA.</u>	ZIP CODE <u>98273</u>
NAME OF LEGAL OWNER <u>Lynnwood Mortgage Corporation</u>					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS <u>P.O. Box 5010</u>		CITY <u>Lynnwood</u>		STATE <u>WA.</u>	ZIP CODE <u>98046</u>
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 <u>Efrain Hernandez Jr.</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Kristine H. Hernandez</u>					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on <u>7-25-00</u>	
		County of <u>Snohomish</u>			
		by <u>Efrain Hernandez Jr.</u>		Signature <u>[Signature]</u>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
by <u>Kristine H. Hernandez</u>		PRINTED NAME OF NOTARY <u>Dee Gooby</u>			
PRINT NAME OF REGISTERED OWNER		County/Office No. OR		AND: Dealer No. OR <u>1-11-02</u>	
Title <u>Notary</u>		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) <u>CRYSTAL R. BURGESS</u>				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 type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED) <u>Robert Osborne</u>		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT # <u>15642</u>	
SIGNATURE / POSITION <u>Robert Osborne Building Inspector</u>				DATE <u>8-21-00</u>	

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 <i>[Signature]</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <i>[Signature]</i>					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
State of Washington		County of <u>SNOHOMISH</u>		Signed or attested before me on <u>8-9-00</u>	
by <u>Lynnwood Mortgage Corp.</u>		Signature <i>[Signature]</i>		NOTARY OR AGENT	
PRINT NAME OF LEGAL OWNER		by <u>NANCY FONTAINE, SR. V.P.</u>		Dee Gooby	
PRINT NAME OF LEGAL OWNER		Title <u>Notary</u>		PRINTED NAME OF NOTARY	
DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR <u>1-11-02</u>		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)					
Lot 21, "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) <u>COACH CORRAL INC</u>			WA DEALER NUMBER <u>4278</u>		DATE OF SALE <u>8-1-00</u>
PURCHASE PRICE <u>53374-</u>	TAX JURISDICTION/TAX RATE <u>7.8</u>	DEALER'S AUTHORIZED SIGNATURE <i>Linda Milbourn</i>			
<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>CRYSTAL R. BURGESS</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-10</u>		
SIGNATURE <i>Crystal R. Burgess</i>			DATE <u>8-24-2000</u>		
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 policy of providing equal access to its services.
If you need special accommodation please call (800) 333-3333



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