



200009220018

, Skagit County Auditor

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RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION

XXXXXX P.O. BOX 5857

LYNNWOOD, WA. 98046

ESC. # 200035

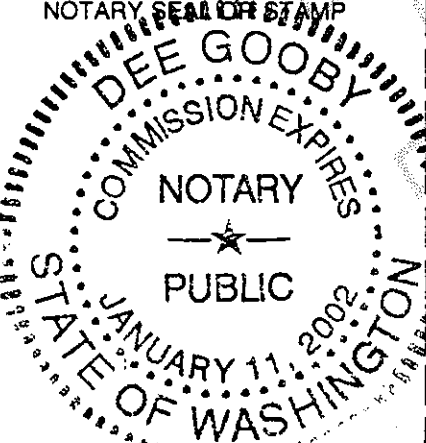
| STATE OF WASHINGTON<br>Department of<br><b>Licensing</b>  |                             | MANUFACTURED HOME<br>APPLICATION   |                               | PLEASE CHECK ONE  |                   |
|---|-----------------------------|--|-------------------------------|---|-------------------|
|   |                             |  |                               | <input checked="" type="checkbox"/> TITLE ELIMINATION<br><input type="checkbox"/> TRANSFER IN LOCATION<br><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)  |                             |  |                               |   |                   |
| 1 MANUFACTURED HOME   |                             | FIRST AMERICAN TITLE CO.   |                               |   |                   |
| TPO / PLATE NUMBER<br>145158  | YEAR<br>1999                | MAKE<br>SKYLI  | LENGTH/WIDTH(FEET)<br>66 X 28 | VEHICLE IDENTIFICATION NUMBER (VIN)<br>21910369LAB 61352  |                   |
| 2 LAND  |                             | LEGAL DESCRIPTION ON PAGE  |                               |   |                   |
| MANUFACTURED HOME WILL BE   |                             | <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED |                               | REAL PROPERTY TAX PARCEL NUMBER<br>360531-1-003-1108  |                   |
| LOT   | BLOCK                       | PLAT NAME  |                               | SECTION/TOWNSHIP/RANGE<br>31-36-5 NE  |                   |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)  |                             | ADDITIONAL NAMES ON PAGE   |                               |   |                   |
| COUNTY NUMBER   | NUMBER OF REGISTERED OWNERS |  | NUMBER OF LEGAL OWNERS        |   |                   |
| NAME OF REGISTERED OWNER<br>DOUGLAS K. LONG   |                             |  |                               |   |                   |
| NAME OF ADDITIONAL REGISTERED OWNER<br>DEANN W. LONG  |                             |  |                               |   |                   |
| ADDRESS<br>5208 Tenneson Rd.  |                             | CITY<br>Sedro Woolley,   |                               | STATE<br>WA.  | ZIP CODE<br>98084 |
| NAME OF LEGAL OWNER<br>LYNNWOOD MORTGAGE CORPORATION  |                             |  |                               |   |                   |
| NAME OF ADDITIONAL LEGAL OWNER  |                             |  |                               |   |                   |
| ADDRESS<br>P.O. BOX 5010  |                             | CITY<br>LYNNWOOD   |                               | STATE<br>WA.  | ZIP CODE<br>98046 |
| GRANTEE<br>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  |                             |  |                               |   |                   |
| Signature of Additional Registered Owner and Title, IF APPLICABLE   |                             |  |                               |   |                   |
| NOTARY SEAL OR STAMP<br>  |                             | NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE                 |                               |   |                   |
|   |                             | State of Washington<br>County of SNOHOMISH                                   |                               | Signed or attested before me on 3-3-00  |                   |
|   |                             | by DOUGLAS K. LONG<br>PRINT NAME OF REGISTERED OWNER                         |                               | Signature [Signature]   |                   |
|   |                             | by DEANN W. LONG<br>PRINT NAME OF REGISTERED OWNER                           |                               | DEE GOOBY<br>PRINTED NAME OF NOTARY   |                   |
|   |                             | Title NOTARY<br>DEALERSHIP POSITION/AGENT/NOTARY                             |                               | AND: County/Office No. OR<br>Dealer No. OR 1-11-02<br>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: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.<br><input checked="" type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion. |                             |  |                               |   |                   |
| NAME (TYPED OR PRINTED)<br>Robin Tempest  |                             | BLDG PERMIT OFFICE/PHONE #<br>SKAGIT COUNTY PERMIT CENTER 336-9410           |                               | BLDG PERMIT #<br>98-0355  |                   |
| SIGNATURE / POSITION<br>Robin Tempest Support Services Technician   |                             |  |                               | DATE<br>8-7-00  |                   |

**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 Carol M. Warren Exec VP

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

|  |   |   |
|--|---|---|
|  | <b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>  |   |
|  | State of Washington<br>County of <u>Snohomish</u>               | Signed or attested<br>before me on <u>8-1-00</u>                                    |
|  | by <u>Lynnwood Mortgage Corp.</u><br>PRINT NAME OF LEGAL OWNER  | Signature <u>[Signature]</u><br>NOTARY OR AGENT                                     |
|  | by <u>Carol M. Warren, Exec VP</u><br>PRINT NAME OF LEGAL OWNER | PRINTED NAME OF NOTARY<br><u>Dee Gooby</u>  |
|  | Title <u>Notary</u><br>DEALERSHIP POSITION/AGENT/NOTARY         | AND: County/Office No. OR <u>1-11-02</u><br>Dealer No. OR<br>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)   |                           | WA DEALER NUMBER              | DATE OF SALE |
| PURCHASE PRICE   | TAX JURISDICTION/TAX RATE | DEALER'S AUTHORIZED SIGNATURE |              |
| <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)<br><u>Peggy A. Riedell</u> | COUNTY OFFICE/VFS OPERATOR NUMBER<br><u>29-A-04</u> |
| SIGNATURE<br><u>[Signature]</u>                    | DATE<br><u>9/22/00</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



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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 ~~36053101000~~ 360531-1-003-1108

Legal Description:

Tract 31 of that certain Survey of a portion of Section 31, Township 36 North, Range 5 East, W.M., recorded May 6, 1974, under Auditor's File No. 800321, in Volume 1 of Surveys, page 52, records of Skagit County, Washington.

EXCEPT those portions thereof lying within the following described tracts:

1. Beginning at the Southwest corner of the South 1/2 of the Northeast 1/4 of said Section 31; thence North 01 degrees 24'12" East, 506.94 feet to the point of beginning; thence continuing North 01 degrees 24'12" East, 268.97 feet; thence South 88 degrees 01'15" East, 580.02 feet; thence South 01 degrees 24'12" West, 172.26 feet; thence along a curve to the left having a radius of 855.80 feet an arc distance of 425.05 feet; thence South 72 degrees 26'13" West, 169.91 feet to the true point of beginning.

2. Beginning at the Southwest corner of the South 1/2 of the Northeast 1/4 of said Section 31; thence North 01 degrees 24'12" East, 506.94 feet; thence North 72 degrees 26'13" East, 169.91 feet; thence along a curve having a radius of 855.80 feet an arc distance of 441.68 feet to the true point of beginning; thence South 88 degrees 01'15" East 839.37 feet; thence South 11 degrees 44'52" West, 337.03 feet to a point on a curve to the left from which the radial point bears South 50 degrees 03'23" West; thence along said curve to the left having a radius of 888.24 feet, an arc distance of 583.20 feet; thence North 77 degrees 33'46" West 280.86 feet to the true point of beginning.

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over and across those certain 60 foot strips of land delineated on the face of said Survey for such purposes.



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