

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION
 P.O. BOX 5857
 LYNNWOOD, WA. 98046
 ESC. # 200500



200009260057
 Skagit County Auditor
 9/26/2000 Page 1 of 2 11:31:02AM

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)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2001	SKYLINE	44 X 28	2191-0204-N

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER
 3926-004-021-0002(R65922)

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
21	4	HOLIDAY HIDEAWAY #1	

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
 Chester Shellenberger

NAME OF ADDITIONAL REGISTERED OWNER
 Laurie Shellenberger

ADDRESS	CITY	STATE	ZIP CODE
7739 Holiday Blvd.	Anacortes	WA.	98221

NAME OF LEGAL OWNER
 Golf Savings Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 5010	Lynnwood	WA.	98046

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 *Chester Shellenberger*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Laurie Shellenberger*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Snohomish Signed or attested before me on 9/26/00

by Chester Shellenberger Signature *Chester Shellenberger*
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Laurie Shellenberger Signature *Dee Gooby*
 PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR Dealer No. OR 1-11-02
 DEALERSHIP POSITION/AGENT/NOTARY 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)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
TAWNEE BOSMAN	SKAGIT COUNTY PERMIT CENTER 360-9410	6000-0882

SIGNATURE / POSITION	DATE
<i>Tawnee Bosman</i> Support Services	09/26/00

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 Donald R. Oliver, EVD/CFO

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE		
	State of Washington County of <u>SNOHOMISH</u>	Signed or attested before me on <u>9-19-00</u>	
	by <u>DONALD R. OLIVER, CFO</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT	
	by <u>FOR GOLF SAVINGS BANK</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>DEE GOOBY</u>	
Title <u>NOTARY</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>1-11-02</u> Notary Expiration Date		

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

Lot 21, Block 4, "HOLIDAY HIDEAWAY NO. 1", according to the plat thereof recorded in Volume 8 of Plats, pages 36 through 42, records of ~~Skagit County, WA~~ Skagit, 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>9-6-00</u>
PURCHASE PRICE <u>56855-</u>	TAX JURISDICTION/TAX RATE <u>7.9</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).			

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>Kirsty Lowery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-08</u>
SIGNATURE <u>Kirsty Lowery</u>	DATE <u>9/26/00</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 If you need special accommodations, please call 1-800-541-5900 for information regarding equal access to its services.

