200009280013
, Skagit County Auditor
9/28/2000 Page 1 of 2 9:39:19AM

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION
PO. BOX 5857
LYNNWOOD, WA. 98046
ESC. # 991182

STATE OF WASHINGTON Department of Licensing

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
- [X] 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)

60630

1 MANUFACTURED HOME

FIRST AMERICAN TITLE CO.

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2000	SKYLINE	66/~~22~~ X 42	6791-0596-M

2 LAND

LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE [X] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 4717-000-024-0000(R113638

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
24		BAKERVIEW WEST	

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: JOSEPH C. JOHNSON

NAME OF ADDITIONAL REGISTERED OWNER: RONNIE-SUE JOHNSON

ADDRESS	CITY	STATE	ZIP CODE
2918 Bakerview Place	Mt. Vernon	WA.	98273

NAME OF LEGAL OWNER: LYNNWOOD MORTGAGE CORPORATION

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS	CITY	STATE	ZIP CODE
P.O. BOX5010	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 _____

Signature of Additional Registered Owner and Title, IF APPLICABLE Ronnie-Sue Johnson

NOTARY SEAL OR STAMP

DEE GOOBY NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JANUARY 11, 2002

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of Snohomish

Signed or attested before me on 3-8-00

by Joseph C. Johnson
PRINT NAME OF REGISTERED OWNER

by Ronnie-Sue Johnson
PRINT NAME OF REGISTERED OWNER

Signature _____
NOTARY OR AGENT

Dee Gooby
PRINTED NAME OF NOTARY

Title Notary
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR Notary Expiration Date 1-11-02

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:
- [X] 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 #
RICK PROSSER	~~425~~ - 360-336-6214	15256

SIGNATURE / POSITION: Rick Prosser Building Inspector

DATE: 9/26/00

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 Dee Gooby

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

DEE GOOBY
COMMISSION EXPIRES
NOTARY
PUBLIC
JANUARY 11, 2002
STATE OF WASHINGTON

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of SNOHOMISH

Signed or attested before me on 9-19-00

by LYNNWOOD MORTGAGE CORP.
PRINT NAME OF LEGAL OWNER

by NANCY FONTAINE, SR. V.P.
PRINT NAME OF LEGAL OWNER

Title NOTARY
DEALERSHIP POSITION/AGENT/NOTARY

Signature Dee Gooby
NOTARY OR AGENT

DEE GOOBY
PRINTED NAME OF NOTARY

AND: County/Office No. **OR** Dealer No. **OR** Notary Expiration Date 1-11-02

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

LOT 24, "PLAT OF BAKERVIEW WEST", according tot he Plat thereof 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)	WA DEALER NUMBER	DATE OF SALE
COACH CORRAL INC	4278	3-20-00

PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE
81933-	7.8	Linda Milbourn

☐ **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)	COUNTY OFFICE/VFS OPERATOR NUMBER
Karrie Wallis	2901-21
SIGNATURE Kari Wallis	DATE 9-28-00

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 accommodati