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CITY OF MOUNT VERNON

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RETURN ADDRESS
C.E.D. DEPARTMENT
BY _____



200010060053
Skagit County Auditor

10/6/2000 Page 1 of 2 11:43:58AM

LYNNWOOD ESCROW CORPORATION
P.O. Box 5957
LYNNWOOD, WA. 98046
ESC. 991180

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)
2000 SKYLINE 66 X 28 2191-05810M

2 LAND LEGAL DESCRIPTION ON PAGE _____
MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 4719-000-035-0000
LOT 35 BLOCK PLAT NAME Baberiew West SECTION/TOWNSHIP/RANGE

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
Guy E. Jordan

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE
2914 Timothy Place Mt. Vernon WA. 98273

NAME OF LEGAL OWNER
LYNNWOOD MORTGAGE CORPORATION

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 _____
Signature of Additional Registered Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
State of Washington Signed or attested before me on 3-5-00
County of SNOHOMISH
by GUY E. JORDAN Signature Notary or Agent
PRINT NAME OF REGISTERED OWNER
by DEE GOOBY
PRINT NAME OF REGISTERED OWNER
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.

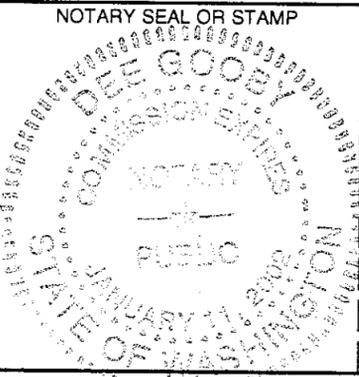
5 BUILDING PERMIT OFFICE CERTIFICATION
I certify that: the manufactured home has been affixed to the real property as described.
 a building permit has been issued for this purpose and the attachment will be inspected upon completion.
NAME (TYPED OR PRINTED) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT # 15255
ROBERT OSBORNE 336.6214
SIGNATURE / POSITION DATE
Robert Osborne Building Inspector 10-5-00

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 *[Signature]* Sr. V.P

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 10-25-00
 by Nancy Fontaine, Sr. VP Signature *[Signature]*
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT
 by Lynnwood Mortgage Corp. Dee Gooby
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY
 Title Notary AND: County/Office No. OR 1-11-02
DEALERSHIP POSITION/AGENT/NOTARY 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 35, "PLAT OF BAKERVIEW WEST", as per plat thereof recorded in Volume 17 of Plats, pages 13 through 16, inclusive, records of Skagit County, Washington.
 Situate in the County of Skagit, State of 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>3-23-00</u>
PURCHASE PRICE <u>67306-</u>	TAX JURISDICTION/TAX RATE <u>7.8</u>	DEALER'S AUTHORIZED SIGNATURE <u><i>[Signature]</i></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>Harrie Willis</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-21</u>
SIGNATURE <u><i>[Signature]</i></u>	DATE <u>10-6-00</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 accommodations, call 1-800-822-8989 or TDD 1-800-854-8985.



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