

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION
 P.O. BOX 5857
 LYNNWOOD, WA. 98046
 ESC. # 200756



200101110124
 , Skagit County Auditor

1/11/2001 Page 1 of 2 12:02:46PM

		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <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	YEAR 2001	MAKE SKYLINE	LENGTH/WIDTH(FEET) 44 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 2191-0392-N	62815
2 LAND		LEGAL DESCRIPTION ON PAGE			
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 350417-005-0005 R36824			
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE 17-35-4 SW-SW		
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 Robert E. Gummere					
NAME OF ADDITIONAL REGISTERED OWNER Ruth L. Gummere					
ADDRESS	CITY		STATE	ZIP CODE	
8963 Green Road	Burlington		WA.	98233	
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: <i>Robert E. Gummere</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE: <i>Ruth L. Gummere</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington	County of	SIGNED OR ATTESTED BEFORE ME ON	
			SNOHOMISH	1-22-00	
		by	ROBERT E. GUMMERE	Signature	<i>Dee Gooby</i>
			PRINT NAME OF REGISTERED OWNER	NOTARY OR AGENT	
		by	RUTH L. GUMMERE	PRINTED NAME OF NOTARY	DEE GOOBY
			PRINT NAME OF REGISTERED OWNER	County/Office No. OR	1-11-02
		Title	NOTARY	Dealer No. OR	
			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: <input type="checkbox"/> the manufactured home has been affixed to the real property as described. <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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
TAWNEE BOSMAN		336-9410		600-0911	
SIGNATURE / POSITION		DATE			
<i>Tawnee Bosman</i> Support Services		01/10/01			

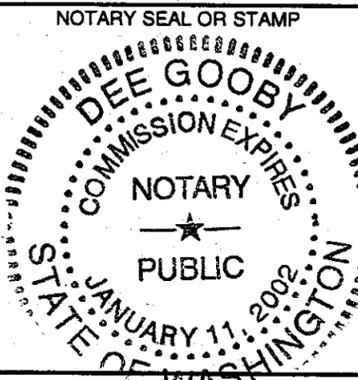
6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

Carl M. Warden, Sr. Notary

Signature of Additional Legal Owner and Title, IF APPLICABLE



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of *Skagit* Signed or attested before me on *1-03-01*

by *GOLF SAVINGS BANK* Signature *[Signature]*
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

by *Carl M. Warden, Sr.* Signature *[Signature]*
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title *NOTARY* AND: County/Office No. OR Dealer No. OR Notary Expiration Date *1-11-02*
DEALERSHIP POSITION/AGENT/NOTARY

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

That portion of the SW 1/4 of the SW 1/4, Sec. 17, Twp 35 N, Rng 4 E, W.M. described as follows Beginning at a point 25 feet North and 60 feet East of the Southwest corner of said Section, thence East 312.8 feet; thence North 208.5 feet; thence West 312.8 feet; thence South 208.5 feet to the point of beginning;

EXCEPT the South 10 feet thereof conveyed to Skagit County by Deed recorded February 26, 1959 under Auditor's File No. 577017.

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) <i>COACH CORRAL INC</i>		WA DEALER NUMBER <i>4278</i>	DATE OF SALE <i>11-29-00</i>
PURCHASE PRICE <i>43000-</i>	TAX JURISDICTION/TAX RATE <i>7.8</i>	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) <i>CRYSTAL R. BURGESS</i>	COUNTY OFFICE/WFS OPERATOR NUMBER <i>29-01-10</i>
SIGNATURE <i>Crystal R. Burgess</i>	DATE <i>1-11-01</i>

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 (360) 902-2600 or TDD (360) 902-2600.

