

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION

P.O. Box 5857

Lynnwood, WA. 98046

ESC. # 991183

200101160122
Skagit County Auditor
1/16/2001 Page 1 of 2 2:53:42PM

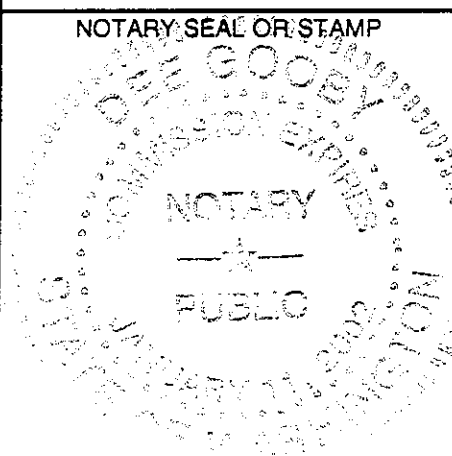
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a 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	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2001	SKYLINE	66 X 28	2191-0348-N 60718	
2 LAND		LEGAL DESCRIPTION ON PAGE			
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER	
				350618-1-002-0600	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
				18-35-6 NE-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					
Robert C. McKay					
NAME OF ADDITIONAL REGISTERED OWNER					
Gail M. McKay					
ADDRESS		CITY		STATE	ZIP CODE
30837 SR 20		Sedro Woolley		WA.	98284
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 Robert C. McKay					
Signature of Additional Registered Owner and Title, IF APPLICABLE Gail M. McKay					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
DEE GOOBY COMMISSION EXPIRES JANUARY 11, 2002 STATE OF WASHINGTON		State of Washington County of Snohomish		Signed or attested before me on 12-13-00	
		by Robert C. McKay PRINT NAME OF REGISTERED OWNER		Signature [Signature] NOTARY OR AGENT	
		by Gail M. McKay PRINT NAME OF REGISTERED OWNER		Dee Gooby PRINTED NAME OF NOTARY	
		Title Notary DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR 1-11-02 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 # 336-9410		BLDG PERMIT #	
TAMARA SOMMER		SKAGIT COUNTY PERMIT CENTER		6200-0994	
SIGNATURE / POSITION		DATE			
TAMARA SOMMER		3-11-01			

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

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of SnohomishSigned or attested
before me on 1-08-01by Golf Savings Bank

PRINT NAME OF LEGAL OWNER

Signature

NOTARY OR AGENT

by Carol M. Warren, Sr. V.P.

PRINT NAME OF LEGAL OWNER

Dee Gooby

PRINTED NAME OF NOTARY

Title Notary

DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. **OR** 1-11-02
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)**

The West 1/2 of the Northeast 1/4 of the Northeast 1/4 of
Section 18, Township 35 North, Range 6 East, W.M., Lying
North of State Highway 20.

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)

COACH CORRAL INC

WA DEALER NUMBER

4278

DATE OF SALE

12-19-00

PURCHASE PRICE

55920-

TAX JURISDICTION/TAX RATE

7.8

DEALER'S AUTHORIZED SIGNATURE

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)

CRYSTAL BURNES

COUNTY OFFICE/VFS OPERATOR NUMBER

29-01-10

SIGNATURE

Crystal R. Burnes

DATE

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
If you need special accommodation, please



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