



200101160128

Skagit County Auditor

1/16/2001 Page 1 of 2 3:29:05PM

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION
P.O. BOX 5857
LYNNWOOD, WA. 98046
ESC. # 200338

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)
FIRST AMERICAN TITLE CO.

1 MANUFACTURED HOME
TPO / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN)
2001 REDMAN 66 X 42 118-27944 61953

2 LAND LEGAL DESCRIPTION ON PAGE
MANUFACTURED HOME WILL BE AFFIXED REMOVED
REAL PROPERTY TAX PARCEL NUMBER 360430-0-001-0100
LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE 30-36-4 NW

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 Steven W. Scaff
NAME OF ADDITIONAL REGISTERED OWNER Traci L. Scaff
ADDRESS CITY STATE ZIP CODE 18145 Bow Lake Lane Bow WA 98232
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
Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
State of Washington County of SNOHOMISH Signed or attested before me on
by STEVEN W. SCAFF PRINT NAME OF REGISTERED OWNER Signature NOTARY OR AGENT
by TRACI L. SCAFF PRINT NAME OF REGISTERED OWNER DEE GOOBY PRINTED NAME OF NOTARY
Title 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:
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 # 332-9410 BLDG PERMIT #
TAWNEE BOSMAN SKAGIT COUNTY PERMIT CENTER 13,900-0710
SIGNATURE / POSITION DATE
Tawnee Bosman 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 Carol M Warren, Sr. VP

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>1-8-01</u>
	by <u>Golf Savings Bank</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by <u>Carol M. Warren, Sr. VP</u> PRINT NAME OF LEGAL OWNER	Dee Gooby PRINTED NAME OF NOTARY
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR <u>1-11-02</u> 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 3 of Skagit County Short Plat No. 94-021, as approved Jan. 11, 1995 and recorded Jan. 17, 1995, in Vol 11 of Short Plats, page 167, under Auditor's File No. 9501170109, records of Skagit County, Washington; being a portion of the NW 1/4 of Sec. 30, TWP 36 North, Range 4 East W.M., and the SW 1/4 of Sec. 19, Township 36 North, Range 4 East W.M., and the NE 1/4 of the NE 1/4 of SEC. 25, Township 36 North, Range 3 East W.M., and the SE 1/4 of Sec. 24, Township 36 North, Range 3 East. W.M.

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>Midway</u>	WA DEALER NUMBER <u>4166</u>	DATE OF SALE <u>9-29-00</u>
PURCHASE PRICE <u>89,080 -</u>	TAX JURISDICTION/TAX RATE <u>W.C.</u>	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</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>Busy Lowery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-0108</u>
SIGNATURE <u>[Signature]</u>	DATE <u>1/16/01</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, please call (206) 463-3500 or TDD (206) 463-3500.

