

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION  
 P.O. BOX 5857  
 Lynnwood, WA. 98046  
 ESC. # 201072



200102060010  
 Skagit County Auditor

2/6/2001 Page 1 of 2 9:46:57AM

**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**

FIRST AMERICAN TITLE CO.  
 63573

TPO / PLATE NUMBER 8182067	YEAR 2000	MAKE Skyln	LENGTH/WIDTH(FEET) 42 X 42	VEHICLE IDENTIFICATION NUMBER (VIN) 21910609M
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**2 LAND**

LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER  
 4719-000-025-0000 (R113639)

LOT 25	BLOCK	PLAT NAME BAKERVUE WEST	SECTION/TOWNSHIP/RANGE
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)**

ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER

Fred Candler

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS 2914 Bakerview Pl.	CITY Mt. Vernon	STATE WA.	ZIP CODE 98273-5789
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NAME OF LEGAL OWNER

Golf Savings Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS P.O. Box 5010	CITY Lynnwood	STATE WA.	ZIP CODE 98046
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**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 Fred Candler

Signature of Additional Registered Owner and Title, IF APPLICABLE \_\_\_\_\_

NOTARY SEAL OR STAMP



**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

State of Washington Skagit County of Snohomish Signed or attested before me on 12-14-00

by Fred Candler Signature NR Webb  
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by \_\_\_\_\_ PRINTED NAME OF NOTARY NR Webb

Title Notary Public AND: County/Office No. OR Dealer No. OR Notary Expiration Date 1-03-02

**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
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SIGNATURE / POSITION	DATE
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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) <u>Rick Prosser</u>	BLDG PERMIT OFFICE/PHONE # <u>336-6214</u>	BLDG PERMIT # <u>15397</u>
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SIGNATURE / POSITION <u>Rick Prosser Building Inspector</u>	DATE <u>1/23/01</u>
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**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 \_\_\_\_\_

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <u>Snohomish</u>	Signed or attested before me on <u>1-17-01</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	<u>Dee Gooby</u> PRINTED NAME OF NOTARY
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>1-11-02</u> Notary Expiration Date	

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

Lot 25, "PLAT OF BAKERVIEW WEST", as per plat 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
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE	

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>Husty Lowery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>[Signature]</u>	DATE <u>2/16/01</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 accommodation, please call (360) 898-8888.

