



200102090148

, Skagit County Auditor

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RETURN ADDRESS

Lynnwood Escrow Corp.  
P.O. Box 5857  
Lynnwood, WA. 980467  
ESC. # 200846  
\*NEW TAX ACCOUNT #360413-0-001-0100 P117244



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.

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2001	SKYLINE	66 X 28	9U91-0374-N 63101

2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED REAL PROPERTY TAX PARCEL NUMBER 360413-0-001-0008(R49240) \*

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
			13-36-4 SW-SE

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	1	1

NAME OF REGISTERED OWNER  
Scott Jones

NAME OF ADDITIONAL REGISTERED OWNER  
Dorie Jones

ADDRESS	CITY	STATE	ZIP CODE
2944 Upper Samish Road	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

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 11-21-00
by Scott Jones PRINT NAME OF REGISTERED OWNER	Signature [Signature] NOTARY OR AGENT
by Dorie Jones 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: ☒ 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 #
Robin Tempest	SKAGIT COUNTY PERMIT CENTER 336-9410	BP00-0976

SIGNATURE / POSITION	DATE
Robin Tempest / Support Services Technician	2-7-01

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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 Snohomish

Signed or attested  
before me on 2-5-01

by Golf Savings Bank  
PRINT NAME OF LEGAL OWNER  
by Carol M. Warren, Sr. VP  
PRINT NAME OF LEGAL OWNER  
Title Notary  
DEALERSHIP POSITION/AGENT/NOTARY

Signature  
NOTARY OR AGENT  
Dee Gooby  
PRINTED NAME OF NOTARY  
AND: County/Office No. OR  
Dealer No. OR 1-11-02  
Notary Expiration Date

7

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

Section 13, Township 36, Range 4, Ptn. SW - SE

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  
11-29-00

PURCHASE PRICE  
57110-

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).

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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)  
Barrie Willis

COUNTY OFFICE/VEH OPERATOR NUMBER  
2901-21

SIGNATURE  
Barrie Willis

2901-21

DATE  
2/9/01

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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 (206) 462-3600 or TDD (206) 462-8885.

TD-420-729 MANUF HOME APPL (R/8/98)OR Page 2 of 2

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MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT  
**LEGAL DESCRIPTION OF LAND**

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

**Check type of application:** ☒ Title Elimination  
☐ Removal From Real Property  
☐ Transfer In Location

**Land:** Property Tax Parcel Number 360413-1-001-0008 (R492490)\*  
Legal Description: \*NEW ACCOUNT #360413-0-001-0100 (P117244)

The land referred to in this report/policy is situated in the State of Washington, County of Skagit, and is described as follows:

That portion of the Southwest 1/4 of the Southeast 1/4 of Section 13, Township 36 North, Range 4 East, W.M., described as follows:

Beginning at the Southwest corner of the Southwest 1/4 of the Southeast 1/4 of said Section 13; thence North 29 rods; thence East 62-1/2 rods; thence Southwesterly to a point on the South line of said Section that is 48-1/2 rods East of the point of beginning; thence Westerly along the South line of said Section to the point of beginning;

TOGETHER WITH any portion thereof that may attach by operation of law of the Skagit County road right-of-way vacated by Vacation Order recorded in Volume 17 of Commissioners Proceedings on page 369.

EXCEPT that portion thereof lying Easterly of the Westerly line of the Upper Samish Road as said road existed on May 25, 1999.



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OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK TYPE OF APPLICATION: ☐ Title Elimination  
☐ Removal From Real Property  
☐ Transfer In Location

PROPERTY TAX PARCEL NUMBER:

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)	
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
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NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
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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)	
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:	
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
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SIGNATURE OF REGISTERED OWNER	DATE
NOTARY SEAL OR STAMP	<div>NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</div> <div>State of Washington County of _____</div> <div>Signed or attested before me on _____</div> <div>by _____ Printed Name of Applicant</div> <div>Signature _____</div> <div>Title _____ DEALERSHIP Position/Agent/NOTARY</div> <div>Dealer No. OR AND: County/Office No. OR Notary Expiration Date _____</div>

The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.