

RETURN ADDRESS

LYNNWOOD ESCROW CORP.

P.O. BOX 5857

Lynnwood, WA. 98046

ESC. # 201009



200104180122

, Skagit County Auditor

4/18/2001 Page 1 of 2 4:03:43PM

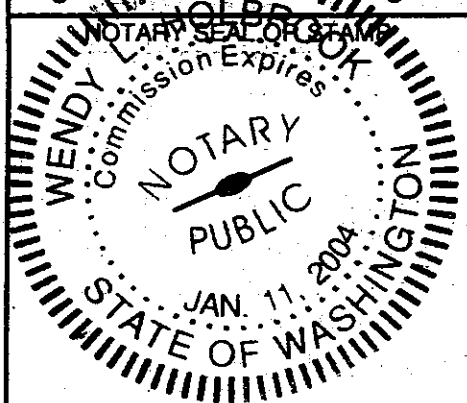
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)				FIRST AMERICAN TITLE CO.	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2001	Skyline	56 X 28	2191-0518-N 63441	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 3869-015-034-0002(R63475)					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
34	0	CAPE HORN ON THE SKAGIT			
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 Thomas A. Harper					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY		STATE	ZIP CODE
42124 Pine Street		Sedro Woolley		WA.	98284
NAME OF LEGAL OWNER Greenpoint Credit Company					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY		STATE	ZIP CODE
7200 N.E. 41st St., Ste. 401		Vancouver		WA.	98662
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>Thomas A. Harper</i>					
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 12-1-00	
		by Thomas A. Harper		Signature <i>Dee Gooby</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by		PRINTED NAME OF NOTARY	
		PRINT NAME OF REGISTERED OWNER		Dee Gooby	
		Title Notary		AND: County/Office No. OR 1-11-02	
		DEALERSHIP POSITION/AGENT/NOTARY		Dealer No. OR	
				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 checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described. <input 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 #	
TANWEE BOSMANI		SKAGIT COUNTY PERMIT CENTER		6000-1438	
SIGNATURE / POSITION		DATE			
<i>Tanweer Bosman</i>		Support Services		04/18/01	

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 A Kennedy and / Home Process

Signature of Additional Legal Owner and Title, IF APPLICABLE GreenPoint Credit Corp.



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington Clark Signed or attested before me on 12-11-00
County of Clark
by GREENPOINT CREDIT Signature Wendy L. Holsen
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT
by A KENNEDY, PROLESSOR Wendy L. Holsen
PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY
Title NOTARY AND: County/Office No. OR
DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR H104
Notary Expiration Date

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

Lot 34, Block "O", Cape Horn ON the Skagit, Division No. 2, as per plat recorded in Volume 9 of Plats, pages 14 through 19 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) <u>COACH CORRAL INC</u>		WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>12-28-00</u>
PURCHASE PRICE <u>57675-</u>	TAX JURISDICTION/TAX RATE <u>7.8</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</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>Kirsty Lowery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-08</u>
SIGNATURE <u>Kirsty Lowery</u>	DATE <u>4/18/01</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 h
If you need special accommod.

