

RETURN ADDRESS

LYNNWOOD ESCROW CORP.
 P.O. BOX 5857
 Lynnwood, WA. 98046
 ESC. # 200819



200105170062
 , Skagit County Auditor

5/17/2001 Page 1 of 2 11:51:32AM

		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	GDNWEST	52 X 27	GWOR 23 N24973	63010
2 LAND		LEGAL DESCRIPTION ON PAGE _____			
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED		<input type="checkbox"/> REMOVED	
		REAL PROPERTY TAX PARCEL NUMBER 3862-000-026-0001 (R61990)			
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
26		BIG LAKE WATERFRONT TR			
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					
David B. Thomson					
NAME OF ADDITIONAL REGISTERED OWNER					
Shannon E. Thomson					
ADDRESS	CITY	STATE	ZIP CODE		
17995 W. Big Lake Blvd.	Mt. Vernon	WA.	98274		
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	Signed or attested before me on		12-4-00
		County of Snohomish	Signature		
		by David B. Thomson	PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT
		by Shannon E. Thomson	PRINT NAME OF REGISTERED OWNER		Dee Gooby
		Title Notary	DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date
					1-11-02
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		
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 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 #		BLDG PERMIT #	
Cindy Gauthier		336-9410		BP00-1078	
SIGNATURE / POSITION				DATE	
		Support Services		5-16-01	

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]

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>5-6-01</u>
	by <u>Golf Savings Bank</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by <u>DONN COSTA, Exec 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 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 26, "BIG LAKE WATERFRONT TRACTS, SKAGIT COUNTY, WASHINGTON", as per Plat recorded in Vol. 4 of Plats, page 12, records of Skagit County, Washington.

TOGETHER WITH the right to use existing roadway on Lot 27 as granted by Agreement recorded August 28, 1947 under Auditor's File No. 419858.

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>VIC COX HOME CENTER, INC.</u>	WA DEALER NUMBER <u>4427</u>	DATE OF SALE <u>10-17-00</u>
PURCHASE PRICE <u>68,180⁰⁰</u>	TAX JURISDICTION/TAX RATE <u>8.2/3101</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>RODRIGO ANGULO</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>Skagit 2901-05</u>
SIGNATURE <u>[Signature]</u>	DATE <u>05/17/01</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 / If you need special accommoc



200105170062
Skagit County Auditor