

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION
 P.O. Box 5857
 Lynnwood, WA. 98046
 ESC. # 200920



200106120048
 Skagit County Auditor

6/12/2001 Page 1 of 2 10:09:02AM

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.

1 MANUFACTURED HOME **FIRST AMERICAN TITLE CO.**
 TPO / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN)
 1990 FLEETWOOD 60 X28 # 114079#ORFLL48A1114CH 63356

2 LAND **LEGAL DESCRIPTION ON PAGE**
 MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 350617-0-157-0005(R41499)
 LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE
 NW NE 17-35-6

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
 Jo Ann Shields

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS CITY STATE ZIP CODE
 31559 Prevedal Lane Sedro Woolley WA. 98284

NAME OF LEGAL OWNER
 Golf Savings Bank

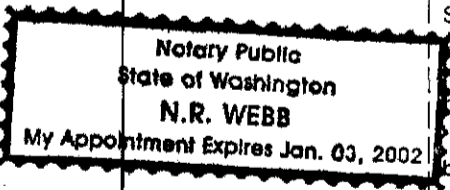
NAME OF ADDITIONAL LEGAL OWNER

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 *Jo Ann Shields*
 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 Skagit Snohomish Signed or attested before me on 2-8-01
 by Jo Ann Shields Signature NR Webb
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT
 by Dee Gooby NR Webb
 PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY
 Title Notary AND: County/Office No. OR 1-03-02
 DEALERSHIP POSITION/AGENT/NOTARY 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 36-9410 RP00-1287
 SIGNATURE / POSITION DATE
Robin Tempest / Support Services Technician 5-7-01

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>5-1-01</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)

That portion of the NW 1/4 of the NE 1/4 of Sec. 17, Twsp 35 N, Range 6 Eastm W.M. described as follows: Beginning 873 Ft N & 365 ft if the SW corner of the NW 1/4 of the NE 1/4 thence E a distance of 97 Ft; thence N a distance of 195 ft. to the Puget Sound and Baker River Rlwy; thence W along the railway a distance of 92 ft; thence S a distance of 180 Ft to the place of beginning: EXCEPT therefrom a 15 ft wide private rd as granted in Deeds recorded 12/12/06 under Aud. File Nos. 59923 & 59924, 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>MIDWAY HOMES</u>	WA DEALER NUMBER <u>4161</u>	DATE OF SALE <u>2-13-01</u>
PURCHASE PRICE <u>\$29,000-</u>	TAX JURISDICTION/TAX RATE <u>7.8</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>Kirsty Lowrey</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>[Signature]</u>	DATE <u>6/11/01</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
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