

RETURN ADDRESS

Lynnwood Escorw Corporation

P.O. Box 5857

Lynnwood, WA. 98046

ESC. # 20010295

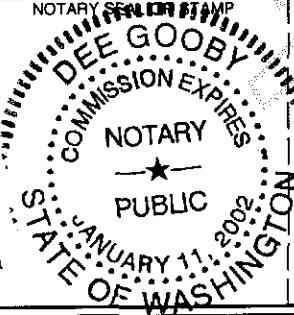
STATE OF WASHINGTON Department of <b>Licensing</b>		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
<b>1 MANUFACTURED HOME</b>		<b>FIRST AMERICAN TITLE CO.</b>			
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
&134060	1999	MARLE	60 X 28	HO16480 64130	
<b>2 LAND</b>		<b>LEGAL DESCRIPTION ON PAGE</b>			
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 3877-000-122-0007 (R64) 88			
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
122		CEDAR GROVE ON THE SKAGIT			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>		<b>ADDITIONAL NAMES ON PAGE</b>			
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
NAME OF REGISTERED OWNER					
Joel B. Melom					
NAME OF ADDITIONAL REGISTERED OWNER					
Dana M. Melom					
ADDRESS		CITY	STATE	ZIP CODE	
46484 Baker Loop Road		Concrete	WA.	98237	
NAME OF LEGAL OWNER					
Golf Savings Banks					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
P.O. Box 5010		Lynnwood	WA.	98046	
<b>GRANTEE</b>					
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>Joel B. Melom</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE: <i>Dana M. Melom</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
DEE GOOBY COMMISSION EXPIRES NOTARY PUBLIC JANUARY 11, 2002 STATE OF WASHINGTON		State of Washington County of Snohomish		Signed or attested before me on 6-25-01	
		Joel B. Melom PRINT NAME OF REGISTERED OWNER		Signature: <i>Dee Gooby</i> NOTARY OR AGENT	
		Dana M. Melom PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY Dee Gooby	
		Title Notary		AND: County/Office No. OR Dealer No. OR 1-11-02 Notary Expiration Date	
		DEALERSHIP POSITION/AGENT/NOTARY			
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
I certify that: <input 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 #	
TISH CAMPBELL		SKAGIT COUNTY PERMIT CENTER 360/336-4410		BLDG PERMIT # 06277	
SIGNATURE / POSITION		DATE			
Tish Campbell, Support Services Tech		06/24/01			

**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 *Dore Fontaine, 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>6-13-01</u>
	by <u>Golf Savings Bank</u> PRINT NAME OF LEGAL OWNER	Signature <u><i>Dee Gooby</i></u> NOTARY OR AGENT
	by <u>Nancy Fontaine, Sr. V.P.</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Dee Gooby</u>
	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 122, CEDARGROVE ON THE SKAGIT, according to the Plat thereof recorded in Volume 9 of Plats, pages 48 to 51, 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>4-30-01</u>
PURCHASE PRICE <u>53000 -</u>	TAX JURISDICTION/TAX RATE <u>7.8</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</u>	
<input type="checkbox"/> <b>USE TAX EXEMPT</b> 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>Rusty Lowrey</u>	COUNTY OFFICE/VES OPERATOR NUMBER <u>29-0108</u>
SIGNATURE <u><i>Rusty Lowrey</i></u>	DATE <u>6/26/01</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



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, Skagit County Auditor