

## RETURN ADDRESS

Lynnwood Escrow Corp.

P.O. Box 5857

Lynnwood, WA. 98046

ESC. # 20010274



200106280150

, Skagit County Auditor

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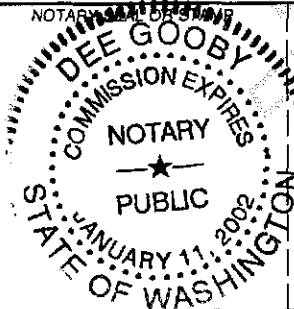
STATE OF WASHINGTON Department of <b>Licensing</b>		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
<b>1 MANUFACTURED HOME</b>				FIRST AMERICAN TITLE CO. 64208	
TPO / PLATE NUMBER	YEAR 2001	MAKE Skyline	LENGTH/WIDTH(FEET) 60 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) 2191-0615-N	
<b>2 LAND</b>		LEGAL DESCRIPTION ON PAGE _____			
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 4719-000-027-0000 R113641	
LOT# 27	BLOCK	PLAT NAME BAKERVUE WEST		SECTION/TOWNSHIP/RANGE	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>		ADDITIONAL NAMES ON PAGE _____			
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
NAME OF REGISTERED OWNER Gerald R. Dejarlais					
NAME OF ADDITIONAL REGISTERED OWNER Marlene M. Dejarlais					
ADDRESS 2906 Bakervue Place		CITY Mt. Vernon	STATE WA.	ZIP CODE 98273	
NAME OF LEGAL OWNER Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS P.O. Box 5010		CITY Lynnwood	STATE WA.	ZIP CODE 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>Gerald R. Dejarlais</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Marlene M. Dejarlais</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Snohomish		Signed or attested before me on 5-10-01	
		by Gerald R. Dejarlais		Signature <i>Gerald R. Dejarlais</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by Marlene M. Dejarlais		Dee Gooby	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		Title Notary		County/Office No. OR1-11-02	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR	
				Notary Expiration Date	
<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 type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED) ROBERT OSBORNE		BLDG PERMIT OFFICE/PHONE # 360 336-6214		BLDG PERMIT # 16196	
SIGNATURE / POSITION <i>Robert Osborne, Building Inspector</i>				DATE 6-27-01	

**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 Caul M. Warren, Sr. Notary

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <u>Incomish</u>	Signed or attested before me on <u>6-2-01</u>
	By <u>Golf Savings Bank</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	By <u>Carol M. Warren Senior</u> PRINT NAME OF LEGAL OWNER	VP Notary <u>Dee Gooby</u> 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 27, "plat OF BAKERVIEW WEST", as per plat recorded in Volume 17 of Plats, pages 13 through 16, inclusive record 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>5-16-01</u>
PURCHASE PRICE <u>67492-</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>RODRIGO ANGULO</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901-05</u>
SIGNATURE <u>[Signature]</u>	DATE <u>6-28-01</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 accomm



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Skagit County Auditor