

RETURN ADDRESS

Lynnwood Escrow Corp

P.O. Box 5857

Lynnwood, WA. 98046

ESC. # 20011137



200202130102

Skagit County Auditor

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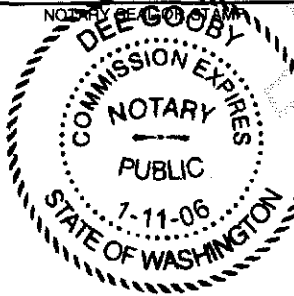
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)				☒ TITLE ELIMINATION ☐ TRANSFER IN LOCATION ☐ REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2001	SKYLINE	66 X 28	2191-0699-N	
2 LAND					
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED				REAL PROPERTY TAX PARCEL NUMBER 350715-0-011-0005	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER James E. Degenstien					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS 39470 Cape Horn Rd.		CITY Concrete		STATE WA.	ZIP CODE 98237
NAME OF LEGAL OWNER Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS P.O. Box 5010		CITY Lynnwood		STATE WA.	ZIP CODE 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 County of Skagit		Signed or attested before me on 10-18-01	
		James E. Degenstien PRINT NAME OF REGISTERED OWNER		Signature Linda Milbourn NOTARY OR AGENT	
		PRINT NAME OF REGISTERED OWNER		LINDA MILBOURN PRINTED NAME OF NOTARY	
		Title Notary		County/Office No. OR AND: Dealer No. OR 11-24-04 Notary Expiration Date	
		DEALERSHIP POSITION/AGENT/NOTARY			
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 # 336.9410		BLDG PERMIT #	
EA SCHULTZ		SKAGIT CO. PERMIT CENTER		BP01-0355	
SIGNATURE / POSITION		DATE			
		2/11/02			

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. Wilson, Silver Pl

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>1-25-02</u>
	by <u>Golf Savings Bank</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by _____ 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>1-11-06</u> Notary Expiration Date

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

The North 1/2 by Area, of the following described tract, the South line of said North 1/2 being drawn parallel with the South line of the following described North 1/2 of the Northeast 1/4 of the Southwest 1/4. The West 100 feet of the East 200 feet of that portion of the North 1/2 of the Northeast 1/4 of the Southwest 1/4 of Section 15, Township 35 North, Range 7 East, W.M., lying South of the County road known as Cape Horn Road. Said North 1/2 is sometimes referred to as Tract "C".

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>8-31-01</u>
PURCHASE PRICE <u>54115-</u>	TAX JURISDICTION/TAX RATE <u>7.8</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</u>	
☐ 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>Hirsty Lowery</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>[Signature]</u>	DATE <u>2/13/02</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 accom

