



200205150076
Skagit County Auditor

5/15/2002 Page 1 of 2 11:57AM

RETURN ADDRESS

Lynnwood Escrow Corp.

P.O. Box 5857

Lynnwood, Wa. 98046

ESC. # 20011971

FIRST AMERICAN TITLE CO.

66195

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)

1 MANUFACTURED HOME

TPO / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN)

2 LAND LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER

LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE

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 Kenneth J. Rauch

NAME OF ADDITIONAL REGISTERED OWNER Kirsten M. Rauch

ADDRESS CITY STATE ZIP CODE 41743 S. Skagit Hwy Sedro Woolley WA. 98084-7700

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

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of Snohomish Signed or attested before me on 11-30-01 by Kenneth J. Rauch Signature by Kirsten M. Rauch Signature by Dee Gooby Notary Public Title Notaryu AND: County/Office No. OR 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 # TISH CAMPBELL SKAGIT COUNTY PERMIT CENTER 360/356-9410 BPD1-1013

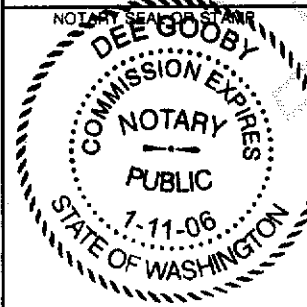
SIGNATURE / POSITION DATE Tish Campbell support services 05/14/02

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 *Nancy Fontaine*

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington Snohomish
County of _____

Signed or attested before me on *5-10-02*

by *Golf Savings Bank*
PRINT NAME OF LEGAL OWNER
by *Nancy Fontaine, Sr. VP*
PRINT NAME OF LEGAL OWNER

Signature *Dee Gooby*
NOTARY OR AGENT
Dee Gooby

Title *Notary*
DEALERSHIP POSITION/AGENT/NOTARY

PRINTED NAME OF NOTARY
County/Office No. OR *2-22-06*
AND: 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)

Tract 14, "Plat of Skagitwilde", according to the plat thereof recorded in Vol. 8 of Plats, pages 17 and 18, 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) *COACH CORRAL INC* WA DEALER NUMBER *4278* DATE OF SALE *11-29-01*

PURCHASE PRICE *60319-* TAX JURISDICTION/TAX RATE *7.8* DEALER'S AUTHORIZED SIGNATURE *Linda Milbourn*

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) *Karrie Willis* COUNTY OFFICE/VES OPERATOR NUMBER *2901-21*

SIGNATURE *Karrie Willis* DATE *5-15-02*

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 Lic
If you need special acco



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