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ESC. # 20020155



Lynnwood Escrow Corp 1/15/2003 Page
P.O. Box 5857
Lynnwood, WA. 98046

1 of 210:09AM

STATE OF WASHINGTON Department of	MANUFACTURED H APPLICATION	₽TITL	E ELIMINATION
<b>ICENSING</b>	APPLICATION		NSFER IN LOCATION
nyone who knowingly makes	a false statement of a material fact is gu	ility —	OVAL FROM REAL PROPERT
	n may be punished by a fine, imprisonr	ment, or both. (ACV	40.12.210)
MANUFACTURED HOME	MAKE LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATI	ON NUMBER (VIN)
Juan			441-1
LAND		DESCRIPTION O	N PAGE
MANUFACTURED HOME WILL	BE X AFFIXED   REMOVED	REAL PROPERTY T.	009-0013 P6556C
OT G BLOCK	GLENWOOD ACE	<u>=</u> S	SECTION/TOWNSHIP/RANGE
GRANTOR(S) REGISTERED	D/LEGAL OWNER(S) ADDI	FIONAL NAMES O	
OUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NOMB	ER OF LEGAL OWNERS
IAME OF REGISTERED OWNER			
Clifford A. Russel	L1 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
IAME OF ADDITIONAL REGISTERED OW	NEA STATE OF THE S		
Diane C. Russell DDRESS	QITY		STATE ZIP CODE
AME OF LEGAL OWNER		\	
Golf Savings Bank		<u> </u>	
AME OF ADDITIONAL LEGAL OWNER	and the state of t		
DDRESS	CITY	<del>//</del>	STATE ZIP CODE
P.O. Box 5010	Lynnwood	and the same of th	
GRANTEE	Nancyalla Carlo	J. James N.	
NAME			
DO SOLEMNI V ATTEST HNDI	ER PENALTY OF PERJURY THAT I/ WI	AM/ARE THE RE	GISTERED OWNER(S) OF THIS
EHICLE AND THIS INFORMAT	TION IS ACCURATE:		
Signature of Registere	d Owner and Title, IF APPLICABLE	Ulfort a	Kasself
	· · · · · · · · · · · · · · · · · · ·	795 - 5 8	
	A THE ISABBLICABLE IS	Marie C.	8 8 1 TULLQUETE
Signature of Additional Registere	od Owner and Title, IF APPLICABLE v	MANGE C	EDOWNER(S) SIGNATURE
Signature of Additional Registere NOTA IN SEAL OF STAIR	NOTARIZATION/CERTIFICATION	N FOR REGISTER	All Comments
Signature of Additional Registere	NOTARIZATION/CERTIFICATION  State of Washington County of Skapping	ON FOR REGISTER	ED OWNER(S) SIGNATURE  I or attested 4-17-02
Signature of Additional Registere NOTAN SEAL OF SIMP	NOTARIZATION/CERTIFICATION State of Washington County of Skage	ON FOR REGISTER  Signer  D	for attested //-/7-02
Signature of Additional Registere	State of Washington County of Skage Clifford A. Russell	ON FOR REGISTER	for attested //-/7-02
Signature of Additional Registere NOTAM SEAL OR STANS SOURCE NOTARY AUBLIC	NOTARIZATION/CERTIFICATION  State of Washington County of Skape State  Of Clifford A. Russell  PRINT NAME OF REGISTERED OWNER  by Diane C. Russell	ON FOR REGISTER  Signer  D	for attested //-/7-02
Signature of Additional Registere NOTAM SEAL DES AND SOLON E NOTARY PUBLIC 3.06	NOTARIZATION/CERTIFICATION  State of Washington County of Skage 1  Description of Skage 1  County of Skage 1  PRINT NAME OF REGISTERED OWNER	ON FOR REGISTER  Signer  D	For attested  efore me on 4-17-02  NOTARY OR AGENT  IL WALL  ME OF NOTARY  OF NOTARY OR AGENT  OF NOTARY OR AGENT  OF NOTARY
Signature of Additional Registere NOTAM SEAL OR STANS SOLOTARY AUBLIC 3.06	NOTARIZATION/CERTIFICATION  State of Washington County of Skape I  PRINT NAME OF REGISTERED OWNER  Diane C. Russell PRINT NAME OF REGISTERED OWNER  Title Watana Public	Signed by Signature	For attested  efore me on 4-17-02  COLUMN CONTROL OF NOTAFY  COUNTY OFFICE NO. OR 1-03-06  Dealer No. OR 1-03-06
NOTARY AND PUBLIC	NOTARIZATION/CERTIFICATION State of Washington County of Skage 1  by Clifford A. Russell PRINT NAME OF REGISTERED OWNER  by Diane C. Russell PRINT NAME OF REGISTERED OWNER  Title NAME OF REGISTERED OWNER  THE NAME OF REGISTERED OWNER  T	Signature  PRINTED NA	For attested 4-17-02  PULLAD  NOTARY OR AGENT  AGENT  ME OF NOTARY  County/Office No. OR 12-18
OTARY A DELIC OF WASH	NOTARIZATION/CERTIFICATION  State of Washington County of Skage 1  PAINT NAME OF REGISTERED OWNER  Diane C. Russell PRINT NAME OF REGISTERED OWNER  Title DEALERSHIP POSITION/VAGENT/NOTARY  ATION  of the land and ownership is true and corre	Signature Signature PRINTED NA AND:	For attested 4-17-02  Programme on 4-17-02
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TITLE COMPANY CERTIFIC Certify that the legal description of the company certification of the	State of Washington County of Skage I  PRINT NAME OF REGISTERED OWNER  Diane C. Russell PRINT NAME OF REGISTERED OWNER  Title Ship Position Vagent (NOTARY)  ATION  of the land and ownership is true and corrections.	Signed Signature Signature Signature AND: PRINTED NA AND: Cot per the real proper	For attested 4-/7-02  Programme on 4-/7-02
A TITLE COMPANY CERTIFIC Certify that the legal description of NAME (TYPED OR PRINTED)  SIGNATURE / POSITION  Finalize this application with a	State of Washington County of Skage State of Washington County of Skage State State of Washington State of Washington County of Skage State Stat	Signed Signature Signature Signature AND: PRINTED NA AND: Cot per the real proper	For attested 4-/7-02  Programme on 4-/7-02
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A TITLE COMPANY CERTIFIC Certify that the legal description of the manual company certific that the legal description of the manual certification with a BUILDING PERMIT OFFICE the manual certification with a building permit of the certif	State of Washington County of Skage State of Washington County of Skage State State of Washington State of Washington County of Skage State Stat	Signature Signature Signature PRINTED NA AND: COMPANY / PHONE NO Softhe date Title Company as descrit	For attested 4-/7-02  Programme on 4-/7-02
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TITLE COMPANY CERTIFIC Certify that the legal description NAME (TYPED OR PRINTED)  SIGNATURE / POSITION  Finalize this application with a BUILDING PERMIT OFFICE In the manual certify that:	State of Washington County of Skagan  State of Washington County of Skagan  PRINT NAME OF REGISTERED OWNER  Diane C. Russell PRINT NAME OF REGISTERED OWNER  Title DEALERSHIP POSITION VAGENT/NOTARY  ATION  of the land and ownership is true and correct the land and ownership is true a	Signature Signature Signature Signature AND: AND: Soft per the real property as described the attachment with the attachment w	For attested and the fore me on 4-17-02  POTARY OR AGENT  ME OF NOTARY  County/Office No. OR Dealer No. OR Notary Expiration Date  Party records.  DATE  Company Representative signs.  Decd.  Decd.  Decd.  Decompany Representative signs.  Decd.  Decompany Representative signs.

SIGNATURE OF LE	GAL OWNER				
IGNATURE OF LEGA	L OWNER INDICAT	TES CONSENT FO	OR EL)IMINATION	OF TITLE / REMOVA	L FROM REAL PROPERT
Signature of	Legal Owner and Titl	e, IF APPLICABLE	Carn	Malle	2 Kape
Signature of Additional	5 .55 5 5 5	e, IF APPLICABLE			
NOTARY SEAL OR STA	MP	NOTARIZATION	CERTIFICATION	FOR LEGAL OWNER	R(S) SIGNATURE
OEE GOOS	State of Wa	ashington County of <u>Sn</u>	<del>ohomish</del>	Signed or attes before the	
ONOTARY	PRINT N.	f Savings B	А	Signature	RAGENT POLOGY
PUBLIC		ol M. Warre		Dee Goo	
1.06.		AME OF LEGAL OWNE	А	PRINTED NAME OF NO	TARY /Office No. OR
" OF WASHIN		Notary SHIP POSITION/AGEN		AND: Notary	Dealer No. OR Expiration Date
LAND DESCRIPTION	N (A legal descript	tion of the land ca	in be obtained fr	om the local County A	ssessor's Office
Lot 9, "GLE	WOOD ACRES",	, as per pl	at recorded	d in Volume 7	
of Plats, pa	age 95, recor	cds of Skag	it County,	Washington.	
	,, <del>*-</del>				
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DEALER'S REPOR	TOESALE	·		<i>/</i>	11 - 7 d 1 1 datases
	S INFORMATION IS		VEHICLE IS OLE	AR OF ENCUMBRANC	CES EXCEPT AS SHOWN.
ALER NAME (TYPED OR P		TOOLLEOI ED.	The same of the sa	WA DEALER NUMBER	DATE OF SALE
COACH C	ORRALIA	UC	Á	/4278	4-25-02
RCHASE PRICE	TAX JURISDICTION/	TAX RATE DEALER'S	AUTHORIZED SIGN	TURE	
<u> </u>	1,9	<i>X</i> ,	inda) T	Nilbourn	)
				(attach notarized state)	ment of delivery).
COUNTY AUDITOR	AGENT LICENSING	G OFFICE APPRO	VAL: (Not for us	se by Subagents)	
ertify that the above apperentity of this form	olication appears to ha	ave been completed	correctly, and the	applicant has sufficient	documentation to proceed wi
ME TYPED OR PRINTED)	0 1	111.5		COUNTY OFFICE/VES OPER	ATOR HAND TO THE
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IMPORTANT:	Once the applica	ation has been a	pproved by the	County Auditor / Ve	hicle
	Petain proof of the	take your appli	cation form to the	ne County Recordin	g Office.
	Vour original ann	ne recording tee dication form ich	s paid. If the Hi Itain a certified	ecording Office retail copy of the recorder	ins d form
APPLIC	ANTS: Once re-	corded, you mus	st return to a Ve	hicle Licensing office	ce to file the
1	Manufac	ctured Home Ap	plication, paying	g all required fees. \	/ehicle   《 🦯 🧷 』
	licensing	g subagents cha	rge a service fe	e.	
For full instr	ructions on comple	eting this form fo	r Title Elimineti	on, Removal from R	Pool Proporty
or Transfer	in Location, see for	orm TD-420-730	, Manufactured	Home Application I	nstructions.

The Department of Licensin If you need special accomm.

TD-420-729 MANUF HOME APPL (R/8/98)OR Page 2 of 2

