

RETURN ADDRESS

Lynnwood Escrow Corp

P.O. Box 5857

Lynnwood, WA. 98046

ESC. # 20020155



200301150064

Skagit County Auditor

1/15/2003 Page

1 of

2 10:09AM

		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
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)	
	2002	SKYLINE	60 X 28	2T91-0441-P	
2 LAND					
LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER <u>3919-000-009-0013 P65566</u>					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
9		GLENWOOD ACRES			
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 Clifford A. Russell					
NAME OF ADDITIONAL REGISTERED OWNER Diane C. Russell					
ADDRESS CITY STATE ZIP CODE					
NAME OF LEGAL OWNER Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE P.O. Box 5010 Lynnwood					
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 <u>Clifford A. Russell</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Diane C. Russell</u>					
		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington County of <u>Skagit</u>		Signed or attested before me on <u>4-17-02</u>			
by <u>Clifford A. Russell</u> PRINT NAME OF REGISTERED OWNER		Signature <u>N.R. Webb</u> NOTARY OR AGENT			
by <u>Diane C. Russell</u> PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY <u>N.R. Webb</u>			
Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR <u>1-C3-06</u> 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: <input checked="" 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)		BLOG PERMIT OFFICE/PHONE #		BLOG PERMIT #	
<u>Georgine Rosson</u> SIGNATURE / POSITION		<u>336-9410</u> SKAGIT COUNTY PERMIT CENTER		<u>BP02-0188</u> DATE	
<u>Georgine Rosson Support Services</u>				<u>1/10/03</u>	

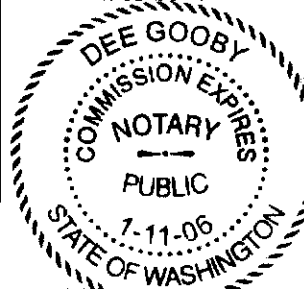
6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE Carol M. Warren, Sr VP

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**

State of Washington

County of Snohomish

Signed or attested

before me on 1-20-03by Golf Savings Bank

PRINT NAME OF LEGAL OWNER

Signature Dee Gooby

NOTARY OR AGENT

by Carol M. Warren, Sr VP

PRINT NAME OF LEGAL OWNER

Dee Gooby

PRINTED NAME OF NOTARY

Title Notary

AND:

County/Office No. OR

Dealer No. OR L11-06

DEALERSHIP POSITION/AGENT/NOTARY

Notary Expiration Date

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

Lot 9, "GLENWOOD ACRES", as per plat recorded in Volume 7 of Plats, page 95, 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

4-25-02

PURCHASE PRICE

50880-

TAX JURISDICTION/TAX RATE

7.9

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)

Karne Willis

COUNTY OFFICE/VEHICLE OPERATOR NUMBER

2901-87

SIGNATURE

[Signature]

DATE

1/15/03**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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