

RETURN ADDRESS

Lynnwood Escrow Corp

P.O. Box 5857

Lynnwood, WA. 98046

ESC. # 20011559



200301150065

Skagit County Auditor

1/15/2003 Page

1 of

210:10AM

FIRST AMERICAN TITLE CO. 12/24/99

STATE OF WASHINGTON Department of Licensing		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					
TPD / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2002	SKYLINE	66 X 28	2191-0355-P AB	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 350514-1-001-0100/P104523	
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 Brian P. Wilson					
NAME OF ADDITIONAL REGISTERED OWNER Gabriela S. Wilson					
ADDRESS		CITY	STATE	ZIP CODE	
28967 State Route 20		Sedro Woolley	WA.	98284	
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 <i>[Signature]</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>[Signature]</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Snohomish		Signed or attested before me on 1-24-02	
		by Brian P. Wilson PRINT NAME OF REGISTERED OWNER		Signature <i>[Signature]</i> NOTARY OR AGENT	
		by Gabriela S. Wilson PRINT NAME OF REGISTERED OWNER		Dee Gooby	
		Title Notary		PRINTED NAME OF NOTARY	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR 1-11-06 Dealer No. OR 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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
Georgine Brown		836-9410		BP01-1447	
SIGNATURE / POSITION <i>[Signature]</i>		SKAGIT COUNTY PERMIT CENTER		DATE 1/10/03	

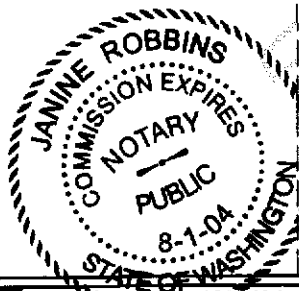
6 SIGNATURE OF LEGAL OWNER**SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.**

Signature of Legal Owner and Title, IF APPLICABLE

Staci Andrews, Operations Manager, 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 KingSigned or attested
before me on 2-5-02by Staci Andrews
PRINT NAME OF LEGAL OWNERSignature Janine Robbins
NOTARY OR AGENTby _____
PRINT NAME OF LEGAL OWNERPRINTED NAME OF NOTARY
Janine RobbinsTitle _____
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR _____
Dealer No. OR 8-1-04
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 2, Skagit County Short Plat No. 95-015, approved Feb. 3, 1998, and recorded Feb. 5, 1998 in Vol. 13 of Short Plats, page 94, under Auditor's File No. 9802050007, records of Skagit County, Washington being a portion of the Northwest 1/4 of Section 13, Twsp 35 N, Range 5 East, W.M., and portion of the Northeast 1/4 of Section 14, Twsp 35 North, Range 5 East, W.M.

Situate in the County of Skagit, State of 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

1-30-02

PURCHASE PRICE

84690-

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)

PEGGY A. BIEDELL GRAHAM
SIGNATURE Peggy A. Biedell Graham

COUNTY OFFICE/VFS OPERATOR NUMBER

29-01-04

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 has
If you need special accommodati



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