

RETURN ADDRESS

Lynnwood Escrow Corp.
 P.O. Box 5857
 Lynnwood, WA. 98046
 ESC. # 20012172



200301170036
 Skagit County Auditor

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FIRST AMERICAN TITLE CO.
 67409

		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)		<input checked="" type="checkbox"/> TITLE ELIMINATION		<input type="checkbox"/> TRANSFER IN LOCATION	
		<input type="checkbox"/> REMOVAL FROM REAL PROPERTY			
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2002	SKYLINE	52 X 28	2191-0383-P	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			LEGAL DESCRIPTION ON PAGE <u>3</u>		
			REAL PROPERTY TAX PARCEL NUMBER 350334-1-002-0309(P35338)		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
1		P1/4 NW-NE SP#91-072	34/35/3		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER Abra M. Vance					
NAME OF ADDITIONAL REGISTERED OWNER Jason L. Anderson					
ADDRESS 11126 View Ridge Drive		CITY Burlington		STATE ZIP CODE WA. 98233	
NAME OF LEGAL OWNER Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS P.O. Box 5010		CITY Lynnwood		STATE ZIP CODE 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 <u>Abra M Vance</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Jason L Anderson</u>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <u>Skagit</u>		Signed or attested before me on <u>2-13-02</u>	
		by <u>Abra M. Vance</u> PRINT NAME OF REGISTERED OWNER		Signature <u>Doreen K. Nystrom</u> NOTARY OR AGENT	
		by <u>Jason L. Anderson</u> PRINT NAME OF REGISTERED OWNER		Notary Seal <u>Doreen K. Nystrom</u> PRINTED NAME OF NOTARY	
		Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. <u>OR 3-10-02</u> Dealer No. <u>OR 1-11-06</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) <u>Georgine Rossen</u>		BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PERMIT CENTER / 336-9410		BLDG PERMIT # 6P61-1354	
SIGNATURE / POSITION <u>Georgine Rossen / Support Services</u>				DATE 1/13/03	

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

Carol M. Warren, SVP

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 <u>Snohomish</u>	Signed or attested before me on <u>12-18-02</u>
	by <u>GOLF SAVINGS BANK</u> PRINT NAME OF LEGAL OWNER	Signature <u>Pamela J. Grubb</u> NOTARY OR AGENT
	by <u>Carol M. Warren SVP</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Pamela J. Grubb</u>
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>08/06/00</u> Notary Expiration Date	

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

SEE ATTACHED LEGAL

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>2-19-02</u>
PURCHASE PRICE <u>70885-</u>	TAX JURISDICTION/TAX RATE <u>7.8</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</u>	
<input type="checkbox"/> 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>Hirsty Lowery</u>	DATE <u>1/17/03</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 Licenses
If you need special accom



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MANUFACTURED HOME APPLICATION ADDITIONAL ATTACHMENT

Legal Description of Land

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK THE TYPE OF APPLICATION:

- Title Elimination
- Removal From Real Property
- Transfer In Location

LAND:

PROPERTY TAX PARCEL NUMBER:

350334-1-002-0309

LEGAL DESCRIPTION:

P35338

The land referred to in this report/policy is situated in the State of Washington, County of Skagit, and is described as follows:

Lot 1 of Skagit County Short Plat No. 91-072, approved December 24, 1991 and recorded December 27, 1991 in Volume 10 of Short Plats, page 38, under Auditor's File No. 9112270002, records of Skagit County, Washington, being a portion of the Northwest 1/4 of the Northeast 1/4 of Section 34, Township 35 North, Range 3 East, W.M.,

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities, over under and across View Ridge Lane as delineated on the face of said Short Plat.



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OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK THE TYPE OF APPLICATION:

- Title Elimination
- Removal From Real Property
- Transfer In Location

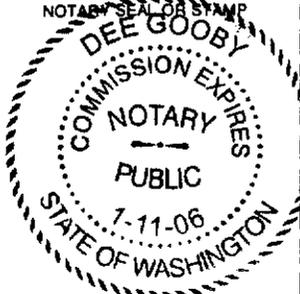
PROPERTY TAX PARCEL NUMBER:

350334-1-002-0309 P35338

ADDITIONAL GRANTOR(S) REGISTERED OWNER(S)	
NAME OF REGISTERED OWNER <u>JASON L ANDERSON</u>	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
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SIGNATURE OF REGISTERED OWNER(S)	
SIGNATURE OF REGISTERED OWNER	DATE

	NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington	Signed or attested
	County of <u>Inghamish</u>	before me on <u>12-15-02</u>
	by <u>JASON L. ANDERSON</u> Printed Name of Applicant	Signature <u>[Signature]</u> Notary or Agent
	Printed name of Notary <u>DEE GOOBY</u>	Dealer No. OR
Title <u>NOTARY</u>	AND: County/Office No. OR	Notary Expiration Date <u>7-11-06</u>
Dealership Position/Agent/Notary		

The Department of Licensing has special accommodations if you need special accommodations.

