



200301300182

Skagit County Auditor

1/30/2003 Page

1 of

2 3:35PM

## RETURN ADDRESS

Lynnwood Escrow Corp

P.O. Box 5857

Lynnwood, WA. 98046

ESC. # 20020563

RECEIVED  
CITY OF MOUNT VERNON

JAN 13 2003

C.E.D. DEPARTMENT  
BY

FIRST AMERICAN TITLE CO.

69105

STATE OF WASHINGTON Department of <b>Licensing</b>		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			
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	02	SKY	60 X 28	D1910526P	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 4719-000-020-0000 (P113434)					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
20		BAKERVUE WEST			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	1		1		
NAME OF REGISTERED OWNER					
Robert W. Biggar					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
2905 Bakerview Place		Mt. Vernon	WA.	98273	
NAME OF LEGAL OWNER					
Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
P.O. Box 5010		Lynnwood	WA.	98046	
<b>GRANTEE</b>					
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>Robert W. Biggar</i>					
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 1-25-03	
Robert W. Biggar		Signature		Dee Gooby	
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
Robert W. Biggar		Dee Gooby			
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Notary		County/Office No. OR 1-11-06		AND: Dealer No. OR	
Title		Notary Expiration Date			
DEALERSHIP POSITION/AGENT/NOTARY					
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
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 #	
Rick Prosser		MOUNT VERNON 336-6214		17015	
SIGNATURE / POSITION		DATE			
Rick Prosser Building Inspector		1-24-03			

**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 Coral M. Warren, Sr VP

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

NOTARY SEAL OR STAMP

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

PAMELA J. GRUBB  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES 03/01/06

State of Washington  
County of SnohomishSigned or attested  
before me on 12/30/02PRINT NAME OF LEGAL OWNER  
Coral M. Warren Sr VPSignature Pamela J. Grubb  
NOTARY OR AGENTPRINT NAME OF NOTARY  
Pamela J. GrubbTitle NotaryAND: County/Office No. OR  
Dealer No. OR 03/01/06  
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

LOT 20, "PLAT OF BAKERVIEW WEST", as per plat recorded in  
Volume 17 of Plats, Pages 13 through 16, inclusive, 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

6-28-02

PURCHASE PRICE

61670-

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)

Rusty Lower  
SIGNATURE Rusty Lower

COUNTY OFFICE/VFS OPERATOR NUMBER

2910708**10 TITLE FEES**

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

URGENT FEES

TOTAL FEES &amp; 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 a policy of providing equal access to its services.  
If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.



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