

RETURN ADDRESS

Lynnwood Escrow Corp.
PO Box 5857
Lynnwood WA 98046
Esc # 20020359



200302030278
Skagit County Auditor

2/3/2003 Page

1 of

2 4:07PM

ISLAND TITLE CO. B19776

		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)	
	02	FLTWD	68 X 28	ORFL24828740B913	
2 LAND					
LEGAL DESCRIPTION ON PAGE _____ MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 4119-00-042-0000(P113056)					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
42		BAKERVUE WEST			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		1	
NAME OF REGISTERED OWNER					
Maria Segura					
NAME OF ADDITIONAL REGISTERED OWNER					
Refugio Segura					
ADDRESS		CITY	STATE	ZIP CODE	
2915 Schuller Pl		Mt. Vernon	WA	98213	
NAME OF LEGAL OWNER					
GOLF Savings					
NAME OF ADDITIONAL LEGAL OWNER					
1					
ADDRESS		CITY	STATE	ZIP CODE	
PO 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 Skagit		Signed or attested before me on 1-29-02	
		by MARIA SEGURA		Signature <i>[Signature]</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		by REFUGIO SEGURA		MARY ANNE MEYER	
		PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		Title Notary		County/Office No. OR	
		DEALERSHIP POSITION/AGENT/NOTARY		Dealer No. OR 3-5-05	
				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 #
BARRIE KENNING			360-336-6214		16923
SIGNATURE / POSITION			DATE		
<i>[Signature]</i> BUILDING INSPECTOR			1-29-03		

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, 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
MAY 1, 2005State of Washington
County ofSnohomishSigned or attested
before me on 12/30/02Signature Pamela J. Grubb
NOTARY OR AGENTPRINT NAME OF LEGAL OWNER
by Carol M. Warren Sr VPPRINTED NAME OF NOTARY
Pamela J. GrubbTitle NotaryAND: County/Office No. OR
Dealer No. OR 03/06/02
Notary Expiration Date

DEALERSHIP POSITION/AGENT/NOTARY

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

LOT 42, PLAT OF BAKERVIEW WEST, according to the plat thereof recorded in Volume 17 of Plats, pages 13 through 16, records of Skagit County, Washington. Situated in 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) <u>COACH CORRAL INC.</u>		WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>8-1-02</u>
PURCHASE PRICE <u>67400-</u>	TAX JURISDICTION/TAX RATE <u>7.6</u>	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</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>Kristy Loraey</u>	COUNTY OFFICE/VEH. OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>Kristy Loraey</u>	DATE <u>2/3/03</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 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.



200302030278
Skagit County Auditor