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Skagit County Auditor

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STATE OF WASHINGTON
FEB 03 2003
COUNTY CLERK'S OFFICE

RETURN ADDRESS

Lynnwood Escrow Corp
PO Box 5057
Lynnwood WA 98046
ESC# 20021775

STATE OF WASHINGTON
Department of Licensing
MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE

- TITLE ELIMINATION
- TRANSFER IN LOCATION
- 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 240984	YEAR 2000	MAKE SKY	LENGTH/WIDTH (FEET) 42 X 42	VEHICLE IDENTIFICATION NUMBER (VIN) 2191011M
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER (P1131246) 4719-000-032-0000

LOT 32	BLOCK	PLAT NAME Bakerview West	SECTION/TOWNSHIP/RANGE
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER
Paul Caldwell

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS
2915 TIMOTHY PL MT VERNON WA 98273

NAME OF LEGAL OWNER
GOLF SAVINGS BANK

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS
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 *[Signature]*

Signature of Additional Registered Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Snohomish Signed or attested before me on 12/07/02

NOTARY PUBLIC by Paul Caldwell
PRINT NAME OF REGISTERED OWNER

Signature Pamela J. Grubb
NOTARY OR AGENT

NOTARY PUBLIC by _____
PRINT NAME OF REGISTERED OWNER

PRINTED NAME OF NOTARY
Pamela J. Grubb

Title Notary
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR 3600
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: the manufactured home has been affixed to the real property as described.
 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 360-336-6214 17634

SIGNATURE / POSITION DATE
Rick Prosser Building Inspector 2-10-03

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

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
 State of Washington County of Snohomish Signed or attested before me on 12/30/02
 by Carol M. Warren Sr VP Signature Pamela J. Grubb
 PRINT NAME OF LEGAL OWNER NOTARY OR AGENT
 by Carol M. Warren Sr VP PRINTED NAME OF NOTARY
 Title Notary AND: County/Office No. OR Dealer No. OR 3606
 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 32 "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) _____ WA DEALER NUMBER _____ DATE OF SALE _____
 PURCHASE PRICE _____ TAX JURISDICTION/TAX RATE _____ DEALER'S AUTHORIZED SIGNATURE _____
 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) Kristy Lowery COUNTY OFFICE/VFS OPERATOR NUMBER 290108
 SIGNATURE Kristy Lowery DATE 2/13/03

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 a policy of providing equal access to its services. If you need special accommodations, please contact us at 1-800-541-5000.

