



200303130004

Skagit County Auditor

3/13/2003 Page 1 of 2 8:39AM

RETURN ADDRESS

Lynnwood Escrow Corp

PO BOX 5857

Lynnwood WA 98046

Escrow # 20021539

104100

LAND TITLE COMPANY OF SKAGIT COUNTY

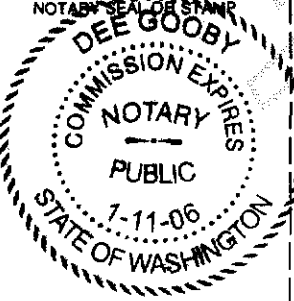
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a 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					
TPO / PLATE NUMBER MGO	YEAR 2003	MAKE FLUOR	LENGTH/WIDTH(FEET) 56 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) WAFL2311B0604-CY13	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 350717-2-007-0700			
LOT B	BLOCK	PLAT NAME SP 96-029	SECTION/TOWNSHIP/RANGE 17-35-7 E.W.M.		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS 1		NUMBER OF LEGAL OWNERS 1	
NAME OF REGISTERED OWNER Deborah L. Sebastian					
NAME OF ADDITIONAL REGISTERED OWNER Donald D. Dubose					
ADDRESS 9336 Pinelli Road Sedro Woodley WA 98284					
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: Deborah L. Sebastian					
Signature of Additional Registered Owner and Title, IF APPLICABLE: Donald D. Dubose					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington County of Snohomish PAMELA J. GRUBB NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 12-17-02		Signed or attested before me on 12-17-02 by Deborah L. Sebastian Signature Pamela J. Grubb PRINT NAME OF REGISTERED OWNER Donald D. Dubose PRINT NAME OF NOTARY Pamela J. Grubb Title Notary DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date 3606			
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) Georgine Rossen		BLDG PERMIT OFFICE/PHONE # 336-9410		BLDG PERMIT # BP02-1429	
SIGNATURE / POSITION Georgine Rossen Support Services		SKAGIT COUNTY PERMIT CENTER		DATE 3/6/03	

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 _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington	Signed or attested before me on <u>3-3-03</u>
	County of <u>Snohomish</u>	
	by <u>Carol M. Warren SVP</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT
	by <u>Golf Savings Bank</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Dee Gooby</u>
	Title <u>NOTARY</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>111-06</u> Notary Expiration Date

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

Lot B3 of Short Plat No. 96-029, approved Oct. 26, 1998, recorded Oct. 29, 1998 in book 13 of Short Plats, page 177, under Auditor's File No. 9810270124, records of Skagit County, Washington, and being a portion of the Southeast 1/4 of the NW. 1/4 of Section 17, Township 35 North, Range 7 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) <u>Fleetwood Homes</u>		WA DEALER NUMBER <u>4173</u>	DATE OF SALE <u>12/23/02</u>
PURCHASE PRICE <u>55,000</u>	TAX JURISDICTION/TAX RATE <u>8.8</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>PERRY A. RIEDEL-GRAHAM</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-04</u>
SIGNATURE <u>[Signature]</u>	DATE <u>3/13/03</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 accommodations...



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