

RETURN ADDRESS

Lynnwood Escrow Corp

P.O. Box 5857

Lynnwood, WA. 98046

ESC. # 20030234



200306170135

Skagit County Auditor

6/17/2003 Page 1 of 3 3:16PM

STATE OF WASHINGTON Department of Licensing		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)	
	03	PALM HARBOR	68X 27	PH206128	
2 LAND					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER	
				4109-29-118-1165 (P73581)	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
5-8	90	PLAT OF THE 1/4 SECTION 90, T11N, R11E, S11W			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
		2		1	
NAME OF REGISTERED OWNER					
Elwin L. Liske					
NAME OF ADDITIONAL REGISTERED OWNER					
Alma F. Liske					
ADDRESS		CITY	STATE	ZIP CODE	
14543 Gibraltar Rd.		Anacortes	WA.	98221	
NAME OF LEGAL OWNER					
Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
P.O. 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>Elwin L. Liske</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Alma F. Liske</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on	
		County of Snohomish		3-25-03	
		Elwin L. Liske		Signature <i>Dee Goody</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
		Alma F. Liske		PRINTED NAME OF NOTARY	
PRINT NAME OF REGISTERED OWNER		Title		AND: County/Office No. OR Dealer No. OR Notary Expiration Date	
		Notary		1-11-06	
DEALERSHIP POSITION/AGENT/NOTARY					
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 #	
Georgine Rossen		SKAGIT COUNTY PERMIT CENTER 336-9410		BP02-1434	
SIGNATURE / POSITION		DATE			
<i>Georgine Rossen / Support Services</i>		6/11/03			

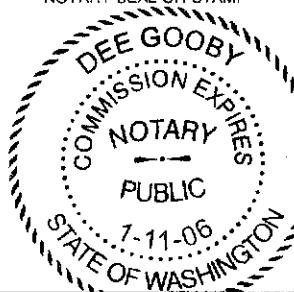
6 SIGNATURE OF LEGAL OWNER

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**State of Washington
County of SnohomishSigned or attested
before me on 6-3-03by Carol M. Warren, Sr. VP
PRINT NAME OF LEGAL OWNERSignature [Signature]
NOTARY OR AGENTby Golf Savings Bank
PRINT NAME OF LEGAL OWNER

Dee Gooby

PRINTED NAME OF NOTARY

Title NotaryAND: County/Office No. OR 1-11-06
Dealer No. OR
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)Section 17, Township 34, Range 3, Portion SW 1/4; and portion
Lots 5-8, Block 90, Townsite of GibraltarSEE ATTACHED FULL 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)

Palm Harbor Village

WA DEALER NUMBER

4511

DATE OF SALE

3-31-03

PURCHASE PRICE

93,997.00

TAX JURISDICTION/TAX RATE

Skagit 7.6%

DEALER'S AUTHORIZED SIGNATURE

[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)

Peggy A. Riedell Spaham

COUNTY OFFICE/YES OPERATOR NUMBER

29-01-04

SIGNATURE

[Signature]

DATE

6/17/03**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
If you need special accommodation,200306170135
Skagit County Auditor



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:

4109-09-008-0005 (P7358)

LEGAL DESCRIPTION:

Parcel "A":

The South 125 feet of Lots 5 through 8, Block 90, "PLAT OF THE TOWNSITE OF GIBRALTER", according to the plat thereof recorded in Volume 1 of Plats, pages 19 and 20, records of Skagit County Washington.

Parcel "B":

A parcel of land in the Southwest 1/4 of Section 17, Township 34 North, Range 2 East, W.M., more particularly described as follows:

Beginning at the Southwest corner of Lot 8, Block 90, "PLAT OF THE TOWNSITE OF GIBRALTER", according to the plat thereof recorded in Volume 1 of Plats, pages 19 and 20, and running thence West on a continuation of the South line of Lot 8, to the East line of Gibraltar Road; thence Northerly along the East line of Gibraltar Road to the intersection of the West line of said Lot 8; thence Southerly along the West line of Lot 8 to the true point of beginning.



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