

RETURN ADDRESS

Lynnwood Escrow Corp
 P.O. Box 5857
 Lynnwood, WA. 98046
 ESC. # 20022346



200309160138
 Skagit County Auditor

9/16/2003 Page 1 of 2 11:45AM

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)

1 MANUFACTURED HOME

TPO / PLATE NUMBER MSD	YEAR 2003	MAKE FLTRWD	LENGTH/WIDTH(FEET) 67 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) WAFL33119194-C413
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER **3160425-2-007-0200**

LOT 2	BLOCK	PLAT NAME SP# 97-031 Vol. 15 pg. 660	SECTION/TOWNSHIP/RANGE
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER
Matthew Thompsen

NAME OF ADDITIONAL REGISTERED OWNER
Susan E. Thompsen

ADDRESS CITY STATE ZIP CODE
22376 Nita Lane Sedro Woolley WA. 98284

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 *Matthew C. Thompsen*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Susan E. Thompsen*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of **Snohomish** Signed or attested before me on **4-2-03**

by **Matthew Thompsen** Signature *Matthew Thompsen*
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by **Susan E. Thompsen** Signature *Susan E. Thompsen*
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

Title **Notary** AND: County/Office No. OR Dealer No. OR Notary Expiration Date **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: 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 #
Georgine Reason SKAGIT COUNTY PERMIT CENTER 336-9410 BP03-0121

SIGNATURE / POSITION DATE
Georgine Reason, Supervisor Services **9/15/03**

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 DEE COOBY EVP

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Snohomish</u>	Signed or attested before me on <u>9-4-03</u>
	by <u>Donn Costa EVP</u> PRINT NAME OF LEGAL OWNER	Signature <u>Dee Cooby</u> NOTARY OR AGENT
	by <u>Golf Savings Bank</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Dee Cooby</u>
Title <u>NOTARY</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. <u>OR 1-1106</u> Dealer No. OR Notary Expiration Date	

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

Lot 2, Skagit County short plat NO. SP97-0031, recorded under Auditor's file NO. 2002031201A, records of Skagit County, Washington, in volume 15 of short plats, page 66 and being a portion of the NE 1/4 of the NW 1/4 and the SE 1/4 of the NW 1/4 of section 35, township 36 north, Range 4 East of the Willamette Meridian - 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>5-23-03</u>
PURCHASE PRICE <u>69780-</u>	TAX JURISDICTION/TAX RATE <u>7.6</u>	DEALER'S AUTHORIZED SIGNATURE <u>Rinda Milbourn</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>Trudy Lowrey</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>Trudy Lowrey</u>	DATE <u>9/16/03</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:
If you need special accommodations

