



200310100313

Skagit County Auditor

10/10/2003 Page 1 of 2 2:05PM

RETURN ADDRESS

Lynnwood Escrow Corp
PO Box 5457
Lynnwood WA 98046
Esc# 20021404

FIRST AMERICAN TITLE CO:
70678

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: MSC YEAR: 2002 MAKE: Plm Hrvr LENGTH/WIDTH (FEET): 40 X 29 VEHICLE IDENTIFICATION NUMBER (VIN): PH 205178

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER: 4051-000-003-0002

LOT: 3 BLOCK: PLAT NAME: Replat of Lot 4 Chase Acreage SECTION/TOWNSHIP/RANGE: _____

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: Thomas L. Torgerson, Jr.

NAME OF ADDITIONAL REGISTERED OWNER: _____

ADDRESS: 24904 Chase Road CITY: Sedro Woolley STATE: WA ZIP CODE: 98282

NAME OF LEGAL OWNER: CULF SAVINGS BANK

NAME OF ADDITIONAL LEGAL OWNER: _____

ADDRESS: PO Box 3010 CITY: Lynnwood STATE: WA ZIP CODE: 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: *Thomas L. Torgerson, Jr.*

Signature of Additional Registered Owner and Title, IF APPLICABLE: _____

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
NOTARY SEAL OR STAMP: DEE GOOBY, COMMISSION EXPIRES 7-11-06, STATE OF WASHINGTON, NOTARY PUBLIC
State of Washington County of Snohomish Signed or attested before me on 9/16/03
by Thomas L. Torgerson, Jr. Signature: *Dee Gooby*
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT
by _____ PRINTED NAME OF NOTARY: Dee Gooby
Title: NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date: 1-11-04

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): TAWNEE BEAMAN SKAGIT COUNTY PERMIT CENTER BLDG PERMIT OFFICE/PHONE #: 336 9410 BLDG PERMIT #: 6902-0986

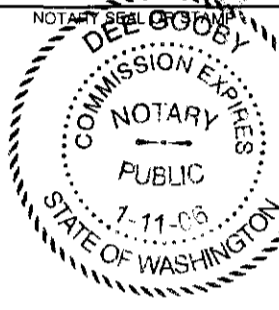
SIGNATURE / POSITION: Tawnee Beaman Support Services DATE: 10/03/03

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 Don Carter SVP

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington Snohomish
County of _____

Signed or attested before me on 8-6-03

by Nancy Fortune SVP
PRINT NAME OF LEGAL OWNER

Signature Dee Gooby
NOTARY OR AGENT

by GOLF SVINGS BANK
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY Dee Gooby

Title NOTARY
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR _____
Dealer No. OR _____
Notary Expiration Date 1-1-06

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

Lot 3 'replat of lot 4' of Chase acreage as per plat recorded in volume 116 of plats, pages 45 and 46, records of Skagit County, Washington.
- together with an easement for ingress, egress and utilities over the east 20 feet of lot 1, of said replat.

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 11/1/02

PURCHASE PRICE 55285.00 TAX JURISDICTION/TAX RATE SKAGIT 7.6% 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) Harrie McCrea COUNTY OFFICER'S OPERATOR NUMBER 2901-21

SIGNATURE Harrie McCrea DATE 10/10/03

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 accommodation, please call (360) 902-3600 or TDD (360) 664-8895.

