

## RETURN ADDRESS

Lynnwood Escrow Corp

P.O. Box 5857

Lynnwood, Wa. 98046

Esc. # 20030758



200401090080

Skagit County Auditor

1/9/2004 Page

1 of

2 2:15PM

STATE OF WASHINGTON Department of <b>Licensing</b>		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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	04	FLTWD	68 X 28	ORFL348 29430HX13	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 3/0207-4-003-0510 (P117999)					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
2		3P PLCC-0677			
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	1		1		
NAME OF REGISTERED OWNER					
Steven W. Craig					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
13802 Tibbles Lane		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	
<b>GRANTEE</b>					
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 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 7-11-03			
		by Steven W. Craig Signature			
		PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT			
		by PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY			
		Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 11-04			
		DEALERSHIP POSITION/AGENT/NOTARY			
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
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 #	
Elaine Pitman				BP03 - 0552	
SIGNATURE / POSITION		DATE			
		1-6-04			
SKAGIT COUNTY PERMIT CENTER					

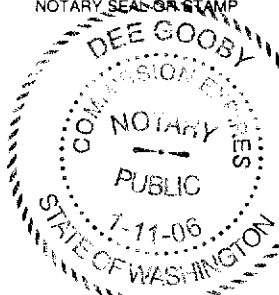
**6 SIGNATURE OF LEGAL OWNER**

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

*James Tolson, SRP*

Signature of Additional Legal Owner and Title, IF APPLICABLE

	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <i>Snohomish</i>	Signed or attested before me on <i>12-27-03</i>
	by <i>Nancy Fontaine, SRP</i> PRINT NAME OF LEGAL OWNER	Signature <i>[Signature]</i> NOTARY OR AGENT
	by <i>SKAGIT GOLF SAVINGS BANK</i> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <i>DEE GOOBY</i>
Title <i>NOTARY</i>		AND: County/Office No. OR Dealer No. OR <i>1-11-06</i> Notary Expiration Date

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

Lot 2, "The Craig Short Plat" No. PL00-0677, approved December 27, 2002, recorded December 27, 2002, under Skagit County Auditor's File No. 200212270096, being a portion of the Southeast 1/4 of Section 7, Township 34 North, Range 2 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) <i>COACH CORRAL INC</i>		WA DEALER NUMBER <i>4278</i>	DATE OF SALE <i>9-22-03</i>
PURCHASE PRICE <i>71055-</i>	TAX JURISDICTION/TAX RATE <i>7.7</i>	DEALER'S AUTHORIZED SIGNATURE <i>Linda Milbourn</i>	
<input type="checkbox"/> <b>USE TAX EXEMPT</b> 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) <i>Harrie McCrea</i>	COUNTY OFFICER'S OPERATOR NUMBER <i>2901-21</i>
SIGNATURE <i>[Signature]</i>	DATE <i>1/9/04</i>

**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) 664-8885.



200401090080  
Skagit County Auditor