



200401230098
Skagit County Auditor

1/23/2004 Page 1 of 211:37AM

RETURN ADDRESS

CHICAGO TITLE C17989 ✓

<p>STATE OF WASHINGTON Department of Licensing</p>	<p>MANUFACTURED HOME APPLICATION</p>	<p>PLEASE CHECK ONE</p> <input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY
	<p>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)</p>	

1 MANUFACTURED HOME				
TPO / PLATE NUMBER <u>NEW</u>	YEAR <u>04</u>	MAKE <u>FLTWD</u>	LENGTH/WIDTH(FEET) <u>56X28</u>	VEHICLE IDENTIFICATION NUMBER (VIN) <u>ORFL34829666B913</u>

2 LAND		LEGAL DESCRIPTION ON PAGE _____
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER <u>850717-4-001-0200 P108606</u>
LOT <u>3</u>	BLOCK	PLAT NAME <u>SK CO SP#93-009</u>
		SECTION/TOWNSHIP/RANGE <u>17/35/7</u>

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)		ADDITIONAL NAMES ON PAGE _____
COUNTY NUMBER <u>29</u>	NUMBER OF REGISTERED OWNERS <u>2</u>	NUMBER OF LEGAL OWNERS <u>1</u>

NAME OF REGISTERED OWNER
CANDLER J. MATHIS, JR.

NAME OF ADDITIONAL REGISTERED OWNER
STEPHANIE A. HULL

ADDRESS
37916 Schulze Road, Concrete, WA 98237

NAME OF LEGAL OWNER
GOLF SAVINGS BANK

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS
P.O. Box 5857 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 Candler J. Mathis Jr.

Signature of Additional Registered Owner and Title, IF APPLICABLE Stephanie A. Hull

	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>11/7/03</u>
	by <u>Candler J. Mathis, Jr.</u> PRINT NAME OF REGISTERED OWNER	Signature <u>Marcie K. Paleck</u> NOTARY OR AGENT
	by <u>Stephanie A. Hull</u> PRINT NAME OF REGISTERED OWNER	<u>Marcie K. Paleck</u> PRINTED NAME OF NOTARY
Title <u>Notary</u>	AND: County/Office No. <u>OR10/15/04</u> Dealer No. OR Notary Expiration Date	

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	
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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) <u>Elaine Pitman</u>	BLDG PERMIT OFFICE/PHONE # <u>360 336-9410</u>	BLDG PERMIT # <u>BP03-1052</u>
SIGNATURE / POSITION <u>Elaine Pitman</u>	SKAGIT COUNTY PERMIT CENTER	DATE <u>1-22-04</u>

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 *[Signature]* Corp. Officer

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u><i>Skagit</i></u>	Signed or attested before me on <u><i>11/7</i></u>
	by <u><i>Peg Jackson</i></u> PRINT NAME OF LEGAL OWNER	Signature <u><i>[Signature]</i></u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	<u><i>MARIA PARSONS</i></u> PRINTED NAME OF NOTARY
Title <u><i>NOTARY</i></u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR _____ Dealer No. OR <u><i>9/1/05</i></u> Notary Expiration Date	

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

Lot 3 of SKAGIT COUNTY SHORT PLAT NO. 93-009, as approved June 2, 1993, and recorded June 4, 1993, in Volume 10 of Short Plats page 205, under Auditor's File No. 9306040027, records of Skagit County, Washington; being a portion of the Northeast Quarter of the Southeast Quarter of Section 17, Township 35 North, Range 7 East of the Willamette Meridian.

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</u>	WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>11-21-03</u>
PURCHASE PRICE <u>70089-</u>	TAX JURISDICTION/TAX RATE <u>7.9</u>	DEALER'S AUTHORIZED SIGNATURE <u><i>Linda Milbourn</i></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><i>Rodrigo Angulo</i></u>	COUNTY OFFICE/AGENT OPERATOR NUMBER <u><i>2905-00</i></u>
SIGNATURE <u><i>[Signature]</i></u>	DATE <u><i>01-23-04</i></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 accommodation.

