

RETURN ADDRESS

Lynnwood Escrow Corp
 P.O. Box 5857
 Lynnwood, WA. 98046
 ESC. # 20033624



200405100156
 Skagit County Auditor

5/10/2004 Page 1 of 3 11:20AM

76505

STATE OF WASHINGTON Department of LICENSING **MANUFACTURED HOME APPLICATION** **PLEASE CHECK ONE**
 TITLE ELIMINATION
 TRANSFER IN LOCATION
 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)

1 MANUFACTURED HOME

TPO / PLATE NUMBER +295208	YEAR 02	MAKE GARWD	LENGTH/WIDTH(FEET) 16.6 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) G-LICR N-257-11
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 3966-001-003-1015 167902

LOT 23	BLOCK Tract 1	PLAT NAME Peavey's Acreage Tracts 1+2	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
Edward N. Pinney

NAME OF ADDITIONAL REGISTERED OWNER
Beverly J. Pinney

ADDRESS 9260 Soren Road	CITY Sedro Woolley	STATE WA	ZIP CODE 98284
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NAME OF LEGAL OWNER
Golf Savings Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS P.O. Box 5010	CITY Lynnwood	STATE WA	ZIP CODE 98046
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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 *Edward N. Pinney*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Beverly J. Pinney*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

NOTARY SEAL OR STAMP

State of Washington County of *Skagit* Signed or attested before me on *1-23-04*

by Edward N. Pinney Signature *Edward N. Pinney*
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Beverly J. Pinney PRINTED NAME OF NOTARY *Dee G. B...*
 PRINT NAME OF REGISTERED OWNER

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.

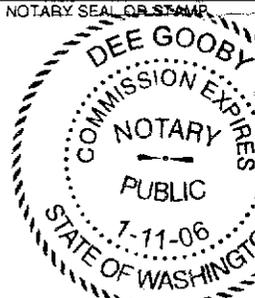
NAME (TYPED OR PRINTED) Georgine Rossen	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT # BP03-1283
SIGNATURE / POSITION <i>Georgine Rossen / Permit Tech</i>		DATE 4/2/04

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 Nancy Fontaine, Sr VP

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of SNOHOMISH Signed or attested before me on 5/10/04
by COLE SAVINGS BANK Signature [Signature] NOTARY OF AGENT
by NANCY FONTAINE, Sr VP Dee Gooby PRINTED NAME OF NOTARY
Title NOTARY AND: County/Office No. OR Dealer No. OR 11-06
DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date

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

LOT 23 TRACT, OF "PEAVEY'S ALLEGE TRACTS NO. 1 AND 2"; SEC. 17, 20, 21, 22 and 28, TWS P 35N, R5E, WM, SKAGIT COUNTY, WASHINGTON AS RECORDED IN VOL 3 OF PLATS, PG. 37 OF SKAGIT COUNTY

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) Oakwood Homes WA DEALER NUMBER 4119 DATE OF SALE 1-28-04
PURCHASE PRICE 60500.00 TAX JURISDICTION/TAX RATE 7.7 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) Husky Lowery COUNTY OFFICE/VFS OPERATOR NUMBER 290108
SIGNATURE [Signature] DATE 5/10/04

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 p
If you need special accommodation,



OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. 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.

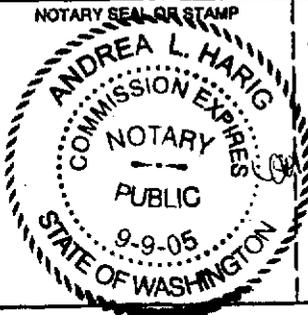
CHECK THE TYPE OF APPLICATION:

- Title Elimination
- Removal From Real Property
- Transfer In Location

PROPERTY TAX PARCEL NUMBER:

3966-001-023-0015 PG7902

ADDITIONAL GRANTOR(S) REGISTERED OWNER(S)	
NAME OF REGISTERED OWNER <i>Debra Wisely</i>	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER <i>James G. Wisely</i>	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
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<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 48.12.210)</p> <p>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:</p>	
SIGNATURE OF REGISTERED OWNER(S)	
SIGNATURE OF REGISTERED OWNER <i>Debra Wisely</i>	DATE <i>April 28, 2004</i>
SIGNATURE OF REGISTERED OWNER <i>James G. Wisely</i>	DATE <i>April 28, 2004</i>
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
<p>NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</p> <p>State of Washington Signed or attested before me on <i>4-28-04</i></p> <p>County of <i>Skagit</i></p> <p>by <i>Debra L. & James G. Wisely</i> Signature <i>[Signature]</i></p> <p>Printed Name of Applicant Notary or Agent</p> <p>Printed name of Notary <i>Andrea L. Harig</i></p> <p>Title <i>Notary</i> Dealer No. OR</p> <p>Dealership Position/Agent/Notary AND: County/Office No. OR <i>9/9/2005</i></p> <p>Notary Expiration Date</p>	



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 TTY (360) 664-8885.


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 Skagit County Auditor