

## RETURN ADDRESS

Lynnwood Escrow Corp  
P.O. Box 5857  
Lynnwood, WA 98046  
Esc # 20033611



200406170106

Skagit County Auditor

6/17/2004 Page

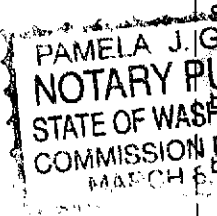
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FIRST AMERICAN TITLE CO.

M368

		<b>MANUFACTURED HOME APPLICATION</b>		<b>PLEASE CHECK ONE</b> <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 <b>NEW</b>	YEAR <b>04</b>	MAKE <b>FLTWD</b>	LENGTH/WIDTH(FEET) <b>70 X 28</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>ORFL348296574C13</b>	
<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 <b>360326-4-005-0600 (P106100)</b>					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
		<b>Plt SE 1/4 aka Lot 2 of SP #93-030</b>	<b>26 / 36 / 3</b>		
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS <b>2</b>		NUMBER OF LEGAL OWNERS <b>1</b>	
NAME OF REGISTERED OWNER <b>Walter E. Kruse</b>					
NAME OF ADDITIONAL REGISTERED OWNER <b>Debra K. Kruse</b>					
ADDRESS <b>4952 Peppermint Lane,</b>		CITY <b>Bow,</b>	STATE <b>WA</b>	ZIP CODE <b>98232</b>	
NAME OF LEGAL OWNER <b>Golf Savings Bank</b>					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS <b>P.O. Box 5010,</b>		CITY <b>Lynnwood,</b>	STATE <b>WA</b>	ZIP CODE <b>98046</b>	
<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 <b>Walter E. Kruse</b> Signature of Additional Registered Owner and Title, IF APPLICABLE <b>Debra K. Kruse</b>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington County of <b>Snohomish</b> <b>PAMELA J. GRUBB</b> NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES <b>MARCH 2009</b>		Signed or attested before me on <b>4-22-04</b> Signature <b>Walter E. Kruse</b> Signature <b>Debra K. Kruse</b> Signature <b>Pamela J. Grubb</b> NOTARY OR AGENT PRINTED NAME OF NOTARY <b>Pamela J. Grubb</b> County/Office No. OR Dealer No. OR <b>3606</b> Notary Expiration Date			
Title <b>Notary</b>		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) <b>Elaine Pitman</b>		BLDG PERMIT OFFICE/PHONE # <b>336-9410</b>		BLDG PERMIT # <b>BP03-0881</b>	
SIGNATURE / POSITION <b>Elaine Pitman, Permit Technician</b>				DATE <b>6-15-04</b>	

<b>6 SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u><i>[Signature]</i></u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP 		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b> State of Washington County of <u>Snohomish</u> Signed or attested before me on <u>6-7-04</u> PAMELA J. GRUBB <u><i>[Signature]</i></u> Signature <u><i>[Signature]</i></u> NOTARY PUBLIC PRINT NAME OF LEGAL OWNER <u>Pamela J. Grubb</u> NOTARY OR AGENT STATE OF WASHINGTON PRINT NAME OF NOTARY <u>Pamela J. Grubb</u> COMMISSION EXPIRES <u>March 5, 2006</u> PRINTED NAME OF LEGAL OWNER <u>Dennis O'Leary, EVP</u> Title <u>Notary</u> AND: County/Office No. OR Dealer No. OR <u>3606</u> DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date			
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Lot 2 of Skagit County Short Plat No. 93-030 as approved November 29, 1993, and recorded December 1, 1993 in Volume 11 of Short Plats, page 27, under Auditor's File No. 9312010091, records of Skagit County, Washington; being a portion of the Southeast 1/4 of the Southeast 1/4 in Section 26, Township 36 North, Range 3 East, W.M., and the Northeast 1/4 of the Northeast 1/4 in Section 35 Township 36 North, Range 3 East, W.M. Situate in the County of Skagit, State of Washington.					
<b>8 DEALER'S REPORT OF SALE</b>					
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>4-28-04</u>	
PURCHASE PRICE <u>86572-</u>		TAX JURISDICTION/TAX RATE <u>7.7</u>		DEALER'S AUTHORIZED SIGNATURE <u><i>Linda Milbourn</i></u>	
<input type="checkbox"/> <b>USE TAX EXEMPT</b> Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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>Dame MacCrea</i></u>				COUNTY OFFICE/AGENT OPERATOR NUMBER <u>2901-21</u>	
SIGNATURE <u><i>Dame MacCrea</i></u>				DATE <u>6/17/04</u>	
<b>10 TITLE FEES</b>					
FILING FEE		APPLICATION		MOBILE HOME FEE	
				ELIMINATION FEE	
				USE TAX	
				SUBAGENT FEES	
					TOTAL FEES & TAX
<p><b>IMPORTANT:</b> 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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>APPLICANTS:</b> 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.</p> </div> <p>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.</p>					

The Department of Licensing has a policy of providing equal access to its services.  
If you need special accommodation, please call 1-800-595-6000.

