

RETURN ADDRESS
Land Title Insurance Company
P.O. Box 445
Burlington, WA 98233
Escrow #112641-SE

200502110005
Skagit County Auditor
2/11/2005 Page 1 of 2 8:50AM

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)		<input checked="" type="checkbox"/> TITLE ELIMINATION		<input type="checkbox"/> TRANSFER IN LOCATION	
		<input type="checkbox"/> REMOVAL FROM REAL PROPERTY			
1 MANUFACTURED HOME					
TPD / PLATE NUMBER	YEAR	MAKE	LENGTH / WIDTH / FEET	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2005	Oakwood	66 X 27	GOOR23 N28400 AB	
2 LAND LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER p118045/350716-3-003-2500					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
		Lot 1 SP 96-0041 16-35-7		NW 1/4 of SW 1/4	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
29	2		1		
NAME OF REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER		
AYNES, WAINE H.			AYNESWH351N7		
NAME OF ADDITIONAL REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER		
AYNES, LISA A.			AYNESLA346BB		
ADDRESS #38019		CITY	STATE	ZIP CODE	
BROOK BUCKLANE		CONCRETE	WA	98237	
NAME OF LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER		
GOLF SAVINGS BANK					
NAME OF ADDITIONAL LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER		
LOAN NO. 603932					
ADDRESS		CITY	STATE	ZIP CODE	
P. O. BOX 5010		LYNNWOOD	WA	98046-5010	
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					
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 Skagit		Signed or attested before me on 7/9/04			
CARRIE HUFFER		Signature			
STATE OF WASHINGTON		NOTARY OR AGENT			
NOTARY - PUBLIC		PRINTED NAME OF NOTARY			
Escrow Officer/LPO		County/Office No. OR			
MY COMMISSION EXPIRES 12/31/04		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			
Carrie Huffer		360-707-2312			
SIGNATURE / POSITION		DATE			
Escrow Officer/LPO		7/9/04			
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:					
<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)		BUILD PERMIT OFFICE PHONE #		BUILD PERMIT #	
Lisa Campbell - Skagit County Pinc		360/336-4410		BP04-0618	
SIGNATURE / POSITION		DATE			
Lisa Campbell, Permit Technician		02/10/05			

MANUFACTURED HOME - FROM SECTION 1					
TPG (PLATE NUMBER)	YEAR	MAKE	LENGTH X WIDTH X HEIGHT (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2005	Oakwood	66 X 27	GOOR23 N28400 AB	
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: <i>[Signature]</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE: _____					
NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE					
State of Washington		County of <i>Snohomish</i>		Signed or attested before me on <i>8-5-04</i>	
REBECCA P. LAIGO WILLIS NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES DECEMBER 3, 2007		PRINT NAME OF LEGAL OWNER		Signature <i>[Signature]</i> NOTARY OR AGENT	
		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY Rebecca P. Laigo Willis	
		Title		County/Office No. OR Dealer No. OR <i>12-3-07</i> Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 1 of Short Plat No. 96-0041, recorded February 7, 2001, under Auditor's File No. 200102070103, records of Skagit County, Washington, and being a portion of the Northwest 1/4 of the Southwest 1/4, Section 16, Township 35 North, Range 7 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)		WA DEALER NUMBER		DATE OF SALE	
CAKWOOD HOMES		4119		7/7/04	
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
\$80,809	7.7%	<i>[Signature]</i>			
<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)		COUNTY OFFICE/VEHICLE OPERATOR NUMBER			
REAGAN A. RIEDEL-GRAHAM		29-01-04			
SIGNATURE		DATE			
<i>[Signature]</i>		7/11/05			
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 special accommodations to persons with disabilities. If you need special accommodation, please call (360) 420-7390.

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