

RETURN ADDRESS

Golf Escrow Corp
 P.O. Box 5857
 Lynnwood, WA 98046
 E # 20041486



200506230151
 Skagit County Auditor

6/23/2005 Page 1 of 2 3:48PM

		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)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
NEW	05	SKY	48 X 28	21910348T	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED		<input type="checkbox"/> REMOVED	
		REAL PROPERTY TAX PARCEL NUMBER 3877-000-040-0006 P. 4/100			
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
40		Cedargrave on the Skagit			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2		1		
NAME OF REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
Jerome L. Moser		MOSEJL355KR			
NAME OF ADDITIONAL REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
Kimberly D. Moser		MOSEKD314D4			
ADDRESS	CITY	STATE	ZIP CODE		
40611 Baker Loop Rd., Concrete,	WA	98237			
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ADDRESS	CITY	STATE	ZIP CODE		
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:					
Signature of Additional Registered Owner and Title, IF APPLICABLE:					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington	SIGNED OR ATTESTED		before me on
		County of Skagit	May 5, 2005		
		by Jerome L Moser	Signature		
		PRINT NAME OF REGISTERED OWNER	NOTARY OR AGENT		
		by Kimberly D. Moser	Kira Krostag		
		PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY		
		Title Notary	County/Office No. OR Skagit		
		DEALERSHIP POSITION/AGENT/NOTARY	AND: Dealer No. OR		
			Notary Expiration Date 10/01/08		
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:					
<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 #		DATE
TISH CAMPBELL - SKAGIT COUNTY PLANNING		360/351-9400	D104-0986		06/21/05
SIGNATURE / POSITION					
		Permit Technician			

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER NEW	YEAR 05	MAKE SKY	LENGTH/WIDTH/FEET 48X28	VEHICLE IDENTIFICATION NUMBER (VIN) 21910348T

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 *Shirley Latham*
Signature of Additional Legal Owner and Title, IF APPLICABLE

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Skokomish</u>	Signed or attested before me on <u>6/16/05</u>
	by <u>Nancy Fontaine SVP</u> PRINT NAME OF LEGAL OWNER	Signature <u><i>Nancy Fontaine</i></u> NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	SHANNON L. OCHOA PRINTED NAME OF NOTARY
Title <u>notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>6/29/06</u>	

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)
Lot 40, "CEDAR GROVE ON THE SKAGIT" as per plat recorded in Volume 9 of Plats pages 48 through 51, inclusive, records of Skagit County, 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) COACH CORRAL INC	WA DEALER NUMBER 4278	DATE OF SALE 5-10-05
PURCHASE PRICE 56995-	TAX JURISDICTION/TAX RATE 7.9	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>Husky Lerwey</u>	COUNTY OFFICE VFS OPERATOR NUMBER <u>270108</u>
SIGNATURE <u><i>Husky Lerwey</i></u>	DATE <u>6/23/05</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, please contact us.



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