

RETURN ADDRESS



200610170074  
Skagit County Auditor

10/17/2006 Page 1 of 2 211:35AM

Golf Escrow Corp.  
1100 219th St. SW #440  
MLT, WA 98046  
E # 20040111 / FATC # 87193

**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: 2006 MAKE: Karsten LENGTH/WIDTH(FEET): 49x40 VEHICLE IDENTIFICATION NUMBER (VIN): STA027816OR

**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_  
MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER: 4077-137-006-0103

LOT: PTN BLOCK: 137 PLAT NAME OR SECTION/TOWNSHIP/RANGE: 1st Add. to Burlington QUARTER/QUARTER SECTION: \_\_\_\_\_

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER: \_\_\_\_\_ NUMBER OF REGISTERED OWNERS: 2 NUMBER OF LEGAL OWNERS: 1

NAME OF REGISTERED OWNER: Lawrence A. Jaderlund DOL CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

NAME OF ADDITIONAL REGISTERED OWNER: Linda Chinn-Jaderlund DOL CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: 651 N. Skagit St., Burlington, WA CITY: Burlington STATE: WA ZIP CODE: 98233

NAME OF LEGAL OWNER: Golf Savings Bank DOL CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

NAME OF ADDITIONAL LEGAL OWNER: \_\_\_\_\_ DOL CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: P.O. BOX 5010, LYNNWOOD, WA CITY: LYNNWOOD STATE: WA ZIP CODE: 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: *Lawrence A. Jaderlund*

Signature of Additional Registered Owner and Title, IF APPLICABLE: *Linda Chinn-Jaderlund*

**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**  
State of Washington County of Snohomish Signed or attested before me on 5/22/06  
by Lawrence A. Jaderlund Signature: *Shannon L. Ochoa*  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT  
by Linda Chinn-Jaderlund SHANNON L. OCHOA  
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY  
Title: Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 10/29/06  
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): James Sherwood BLDG PERMIT OFFICE/PHONE #: 360-755-0077 BLDG PERMIT #: 100003  
SIGNATURE / POSITION: *James Sherwood* Building Official DATE: 10/16/06

MANUFACTURED HOME - FROM SECTION 1				
TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2006	Karsten	49 x 40	STA0278160R

**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] Sr. VP  
 Signature of Additional Legal Owner and Title, IF APPLICABLE Golf Savings Bank

NOTARY SEAL OR STAMP <b>ROBYN L. MIXER</b> NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES MAY 9, 2007	State of Washington County of <u>Snohomish</u>		Signed or attested before me on <u>10/3/06</u>	
	PRINT NAME OF LEGAL OWNER <u>David S Pearson, Sr. VP</u>		Signature <u>[Signature]</u>	
	by <u>Golf Savings Bank</u> PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT <u>Robyn Mixer</u>	
	Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR <u>51917</u> Notary Expiration Date	

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

Tract "B" of Short Plat No. BURL-2-81, approved June 26, 1981, in Volume 5 of Short Plats, page 87, under Auditor's File No. 8106290034, being a portion of Block 137, "First Addition to Burlington, Skagit Co., Washington" as per plat recorded in Volume 3 of Plats, page 11, 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) <u>Vic Cox Home Center</u>	WA DEALER NUMBER <u>4529</u>	DATE OF SALE <u>5-20-06</u>
PURCHASE PRICE <u>134,991.03</u>	TAX JURISDICTION/TAX RATE <u>7.8</u>	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</u>

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>YUHA YANG</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901/25</u>
SIGNATURE <u>[Signature]</u>	DATE <u>10-17-06</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 hearing room available for individuals who need special accommodations to have equal access to its services. If you need special accommodations, please contact us at 206-433-3888.

