

RETURN ADDRESS

Land Title Company
 P.O. Box 445
 Burlington, WA 98233
 Escrow #120167-PE/AF



200701160195
 Skagit County Auditor

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LAND TITLE OF SKAGIT COUNTY

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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2007	SKY	44 X 28	2191-0357-VAB

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 360507-3-010-0202 (P50903)

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
Skagit	2	1

NAME OF REGISTERED OWNER
 SCOTT A. BLACKBURN

NAME OF ADDITIONAL REGISTERED OWNER
 LESLIE B. BLACKBURN

ADDRESS	CITY	STATE	ZIP CODE
1834 State Route 9	Sedro Woolley	WA	98284

NAME OF LEGAL OWNER
 GOLF SAVINGS BANK

NAME OF ADDITIONAL LEGAL OWNER

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]*

Signature of Additional Registered Owner and Title, IF APPLICABLE *[Signature]*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skagit	Signed or attested before me on 8/18/06
Scott A. Blackburn PRINT NAME OF REGISTERED OWNER	Signature <i>[Signature]</i>
Leslie B. Blackburn PRINT NAME OF REGISTERED OWNER	Signature <i>[Signature]</i>
Notary	AND: County/Office No. OR 6/28/08 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) Anneliese M. Farrell	TITLE COMPANY / PHONE NUMBER Land Title Company 360-707-2312
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SIGNATURE / POSITION <i>[Signature]</i> Escrow Closer/Notary	DATE
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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) LORI ANDERSON SKAGIT COUNTY PLANNING	BLDG PERMIT OFFICE/PHONE # 360-336-9410	BLDG PERMIT # BP06-0352
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SIGNATURE / POSITION <i>[Signature]</i> SUPPORT SERVICES TECH	DATE 01/05/07
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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]*

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP ROBYN L. MIXER NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES MAY 9, 2007	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of <i>Snohomish</i>		Signed or attested before me on <i>1/18/07</i>
	PRINT NAME OF LEGAL OWNER <i>David S Pearson</i> by <i>Golf Savings Bank</i> PRINT NAME OF LEGAL OWNER	Signature <i>[Signature]</i> NOTARY OR AGENT PRINTED NAME OF NOTARY <i>Robyn Mixer</i>	Title <i>Notary</i> DEALERSHIP POSITION/AGENT/NOTARY

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

Tract 1 of Short Plat No. 93-79, approved September 12, 1979 and recorded September 13, 1979 under Auditor's File No. 7909130018, in Volume 3 of Short Plats, page 184, records of Skagit County Washington, being a portion of Government Lots 3 and 4, in Section 7, Township 36 North, Range 5 E 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) <i>Moach Corral</i>	WA DEALER NUMBER <i>4278</i>	DATE OF SALE <i>1/05/07</i>
PURCHASE PRICE <i>\$62,340.00</i>	TAX JURISDICTION/TAX RATE <i>8.0%</i>	DEALER'S AUTHORIZED SIGNATURE <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) <i>Rusty Lerwey</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <i>290108</i>
SIGNATURE <i>Rusty Lerwey</i>	DATE <i>1/16/07</i>

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 at 1-800-541-5273.

