

RETURN ADDRESS

Golf Escrow Corp.
6000 219th St. SW #440
MKT, WA 98043



200703090122

Skagit County Auditor

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#20061484

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	FLTWD	44X27	ORFL64831504-FE13

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 350934-0-026-0000

LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE	QUARTER/QUARTER SECTION
		34-35-9	4th SE SW

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

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	1	1

NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
Eino A. Junnila	
NAME OF ADDITIONAL REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE
11973 Kinley lane, Concrete,	WA	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
PO Box 5010, Lynnwood,	WA	WA	98046
GRANTEE	DOL CUSTOMER ACCOUNT NUMBER		
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: *Eino A. Junnila*

Signature of Additional Registered Owner and Title, IF APPLICABLE: _____

	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>9-22-06</u>
	by <u>Eino Junnila</u> PRINT NAME OF REGISTERED OWNER	Signature <u>Janae M. DeVries</u> NOTARY OR AGENT
	by _____ PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY <u>Janae M. DeVries</u> County/Office No. OR Dealer No. OR Notary Expiration Date <u>Skagit May 18, 2009</u>
Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND:	

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)	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #
LORI ANDERSON	SKAGIT COUNTY PLANNING 360-336-9410	BP06-0812
SIGNATURE / POSITION	DATE	
<i>Lori Anderson</i>	SUPPORT SERVICES TECH	3/9/07

MANUFACTURED HOME - FROM SECTION 1				
TPD/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2007	FLTWD	44 X 27	ORFL64831504-1E13

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 *[Signature]* Golf Savings Bank

NOTARY SEAL OR STAMP ROBYN L. MIXER NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES MAY 9, 2007	State of Washington County of <i>Snohomish</i>		Signed or attested before me on <i>9/27/07</i>
	DAVID S. PEARSON, Sr. VP Signature <i>[Signature]</i>		NOTARY OR AGENT <i>Robyn Mixer</i>
	PRINT NAME OF LEGAL OWNER By <i>Golf Savings Bank</i>		PRINTED NAME OF NOTARY Robyn Mixer
	Title DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR <i>547</i> Notary Expiration Date

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

See attached legal description

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>COACH CORRAL, INC.</i>	WA DEALER NUMBER <i>4278</i>	DATE OF SALE <i>9/27/07</i>
PURCHASE PRICE <i>66,900</i>	TAX JURISDICTION/TAX RATE <i>8%</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>Gabrielle Clay</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <i>2901-27</i>
SIGNATURE <i>[Signature]</i>	DATE <i>9-9-07</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 call (360) 902-3600 or TTY (360) 664-8885.



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MANUFACTURED HOME APPLICATION ADDITIONAL ATTACHMENT

Legal Description of Land

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK THE TYPE OF APPLICATION:

- Title Elimination
- Removal From Real Property
- Transfer In Location

LAND:

PROPERTY TAX PARCEL NUMBER:

350934-0-026-0000

LEGAL DESCRIPTION:

The land referred to in this report/policy is situated in the State of Washington, County of Skagit, and is described as follows:

That portion of the Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 34, Township 35 North, Range 9 East, W.M., described as follows:

Beginning at the intersection of the South line of said Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ and the East line of the road along the West line of said subdivision; thence East along said South line 660 feet; thence North parallel with the West line of said subdivision 390 feet; thence West parallel with the South line of said subdivision 660 feet to a point on the East line of said road which is 390 feet North of the point of beginning; thence South 390 feet to the point of beginning.



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