

RETURN ADDRESS

8/13/2008 Page 1 of

211:36AM

Golf Escrow Corp. 6100 219th Street SW Ste. 440 Mountlake Terrace, WA 98043

|  | 335  | CHICAGO  | TITLE CO. 1C45176  |          |
|--|--|--|--|----------|
| WASHINGTON STATE DEPARTMENT OF LICENSING  Anyone who knowingly make  | Manufac<br>App   | tured Home<br>lication   | PLEASE CHECK ONLE  TITLE ELIMINATION  TRANSFER IN LOCATION  REMOVAL FROM REAL PROPERTY.  |          |
| of a felony, and upon convic   | tion may be punishe  | d by a fine, imprisonment  | , or both. (RCW 46.12.210)   |          |
| MANUFACTURED HOME  |  |  |  |          |
| TPO/PLATE NUMBER YEAR 200  | 7 FLTWO  | 52 X 28 OR   | E IDENTIFICATION NUMBER (VIN) FL64831594-BM1 ERIPTION ON PAGE  | 3        |
| 2 LAND MANUFACTURED HOME WIL   | LBE MAFFIXED   |  | PROPERTY TAX PARCEL NUMBER 279   |          |
| LOT BLOCK  | PLAT NAME OR   | SECTION/TOWNSHIP/RANGE<br>ROVE ON THE SKAGI  | QUARTER/QUARTER SECTION  |          |
|  |  |  | NAMES ON PAGE  |          |
| 3 GRANTOR(S) REGISTERS COUNTY NUMBER   |  | F REGISTERED OWNERS  | NUMBER OF LEGAL OWNERS   |          |
|  | 2  |  | 1  |          |
| NAME OF REGISTERED OWNER DANIEL L. MCBRIDE   |  |  | DOL CUSTOMER ACCOUNT   | NUMBER   |
| NAME OF ADDITIONAL REGISTERED OF CARMEN C. MCBRIDE   | OWNER  | of the state of th | DOL CUSTOMER ACCOUNT   | NUMBER   |
| ADDRESS<br>46678 BAKER LOOP ROA  | AD   | CONCRETE   | STATE ZIP CODE<br>WA 98237   |          |
| NAME OF LEGAL OWNER GOLF SAVINGS BANK  |  |  | DOL CUSTOMER ACCOUNT   | NUMBER   |
| NAME OF ADDITIONAL LEGAL OWNER   |  | San Parket Control of the Control of | DOL CUSTOMER ACCOUNT   | NUMBER   |
| ADDRESS<br>P.O. BOX 5010   |  | CITY<br>LYNNWOOD   | STATE ZIP CODE<br>WA 98046   |          |
| GRANTEE  |  | The second section is a second section of the second section of the second section is a second section of the  |  |          |
| NAME   |  | -  |  |          |
| I DO SOLEMNLY ATTEST UN  | DER PENALTY OF PI  | ERJURY THAT I - WE AM  | ARE THE REGISTERED OWNER(S) OF   | THIS     |
| Signature of Register  | ed Owner and Title, IF   | APPLICABLE TO  | man ( massicle   |          |
| Signature of Additional Register   | ed Owner and Title, IF   | APPLICABLE CAN   | men () Mysuille  BEGISTERED OWNER(S) SIGNATURE   |          |
| Signature of Register Signature of Additional Register   | red Owner and Title, IF red Owner and Title, IF NOTARIZAT State of Washington County of  | APPLICABLE AND ION/CERTIFICATION FOR   | REGISTERED OWNER(S) SIGNATURE Signed or attested before me on 5:102  |          |
| Signature of Register Signature of Additional Register NOTARY SELECTION SMITH  | red Owner and Title, IF red Owner and Title, IF NOTARIZAT State of Washington County of  | APPLICABLE AND APPLICABLE AND APPLICABLE AND APPLICABLE AND APPLICATION FOR AP | Signature NOTARY OF ABENT  | suit.    |
| Signature of Register  Signature of Additional Register  NOTARY POLICE SMITH STAMP  SMITH  | red Owner and Title, IF red Owner and Title, IF NOTARIZAT State of Washington County of PRINT NAME OF REG  TITLE DEALERSHIP POSITION   | APPLICABLE AND APPLIC | Signature NOTARY OF AGENCE   | <u> </u> |
| Signature of Register  Signature of Additional Register  NOTARY POLICE SMITH S | red Owner and Title, IF red Owner and Title, IF NOTARIZAT State of Washington County of PRINT NAME OF REG  TITLE DEALERSHIP POSITION   | APPLICABLE  APPLICABLE  ION/CERTIFICATION FOR  SYSTEMATICAL STATES OF THE STATES OF TH | REGISTERED OWNER(S) SIGNATURE  Signed or attested before me on Signature  NOTARY OR ASEN  PRINTED NAME OF NOTARY  County/Office No. OR Dealer No. OR Notary Expiration Date  | <u> </u> |
| Signature of Register  Signature of Additional Register  NOTARY POLICE TANK  SMITT  SMITT  SMITT  SMITT  SMITT  SMITT  SMITT  ATE OF  TITLE COMPANY CERTIFIE   | red Owner and Title, IF red Owner and Title, IF NOTARIZAT State of Washington County of PRINT NAME OF REG  TITLE DEALERSHIP POSITION   | APPLICABLE  APPLICABLE  ION/CERTIFICATION FOR  STONY CONTROL  ISTERED OWNER  DISTERED OWNER  ON/AGENT/NOTARY  Pership is true and correct per  | REGISTERED OWNER(S) SIGNATURE  Signed or attested before me on Signature  NOTARY OR ASEN  PRINTED NAME OF NOTARY  County/Office No. OR Dealer No. OR Notary Expiration Date  | <u> </u> |
| Signature of Register  Signature of Additional Register  NOTARY SPACE AND SMITH THE SM | red Owner and Title, IF red Owner and Title, IF NOTARIZAT State of Washington County of PRINT NAME OF REG  TITLE DEALERSHIP POSITION   | APPLICABLE  APPLICABLE  ION/CERTIFICATION FOR  STONY CONTROL  ISTERED OWNER  DISTERED OWNER  ON/AGENT/NOTARY  Pership is true and correct per  | REGISTERED OWNER(S) SIGNATURE  Signed or attested before me on Signature  NOTARY OR ASEN  PRINTED NAME OF NOTARY  County/Office No. OR Notary Expiration Date  r the real property records.  | <u> </u> |
| Signature of Register  Signature of Additional Register  NOTARY SEATTH P  SIMPLE COMPANY CERTIFIED  I certify that the legal description  NAME (TYPED OR PRINTED)  SIGNATURE / POSITION  | ed Owner and Title, IF red Owner and Title, IF NOTARIZAT State of Washington County of PRINT NAME OF REG TITLE DEALERSHIP POSITION IN of the land and owner CATION IN of the land and owner CATION IN OR OTHER LICENSING Agent with  | APPLICABLE  APPLICABLE  ION/CERTIFICATION FOR  SISTERED OWNER  DON/AGENT/NOTARY  PERSHIP IS True and correct persh | Signature Signature NOTARY OR ABEN  PRINTED NAME OF NOTARY County/Office No. OR AND: Dealer No. OR Notary Expiration Date  r the real property records.  | smith    |
| Signature of Register  Signature of Additional Register  NOTARY SEATTH P  SIGNATURE / POSITION  SIGNATURE / POSITION  Finalize this application with a  5 BUILDING PERMIT OFFIC  | ed Owner and Title, IF red Owner and Title, IF NOTARIZAT State of Washington County of PRINT NAME OF REG  TITLE DEALERSHIP POSITION IN of the land and owner  Licensing Agent with   | APPLICABLE  APPLICABLE  ION/CERTIFICATION FOR  DISTERED OWNER  | Signature NOTARY OR AGEN  PRINTED NAME OF NOTARY County/Office No. OR Notary Expiration Date  The real property records.  NY/PHONE NUMBER  DATE  e date Title Company Representative signature  PRINTED NAME OF NOTARY County/Office No. OR Notary Expiration Date       | smith    |
| Signature of Register  Signature of Additional Register  NOTARY SEATTH P  SMI  SMI  SMI  SMI  SMI  SMI  SMI  SM  | ed Owner and Title, IF red Owner and Title, IF NOTARIZAT State of Washington County of PRINT NAME OF REG  BY PRINT NAME OF REG  TITLE DEALERSHIP POSITION IN of the land and owner  B Licensing Agent with E CERTIFICATION In one county of the land and owner  B Licensing Agent with E CERTIFICATION In one county of the land and owner  B Licensing Agent with E CERTIFICATION In of the land been issued to the land and owner  B Licensing Agent with E CERTIFICATION In of the land and owner  B Licensing Agent with E CERTIFICATION In of the land and owner  B Licensing Agent with E CERTIFICATION IN order to the county of the land and owner  B Licensing Agent with E CERTIFICATION IN order to the county of the land and owner  B Licensing Agent with E CERTIFICATION IN order to the county of the land and owner  B Licensing Agent with E CERTIFICATION IN order to the county of the land and owner  B Licensing Agent with  B L | APPLICABLE  APPLICABLE  ION/CERTIFICATION FOR  DISTERED OWNER  DISTERED OWNER  DISTERED OWNER  DISTERED OWNER  TITLE COMPA  THE COMPA  Thin 10 calendar days of the real proposed for this purpose and the   | Signed or attested before me on Signature NO ARY OR AGEN  PRINTED NAME OF NOTARY  County/Office No. OR Notary Expiration Date  r the real property records.  NY/PHONE NUMBER  DATE  e date Title Company Representative signature attachment will be inspected upon comp | swith    |
| Signature of Register  Signature of Additional Register  NOTARY SEATTH P  SMITTH P  SMITTH P  SMITTH P  SMITTH P  SMITTH P  SMITTH P  ATE OF THE COMPANY CERTIFIED  I Certify that the legal description  NAME (TYPED OR PRINTED)  SIGNATURE / POSITION  Finalize this application with a  Building PERMIT OFFIC  Location the characteristic of the particular of | PRINT NAME OF REG EXAMPLE AND TABLE  | APPLICABLE  APPLICABLE  ION/CERTIFICATION FOR  DISTERED OWNER  | Signed or attested before me on Signature NO ARY OR AGEN  PRINTED NAME OF NOTARY  County/Office No. OR Notary Expiration Date  r the real property records.  NY/PHONE NUMBER  DATE  e date Title Company Representative signature attachment will be inspected upon comp | swith    |

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|--|-------------------------|--------------|------------------|-------------------------|--|-------------------------------------|----------------------------|--|--------------------|--|
| MANUFACTUR   | RED HOME - FI           | ROM SECT     | ION 1            |                         |  |                                     |                            |  |                    |  |
| TPO / PLATE NUMB   | er year Zoo             | 7 FC         | TWO              | 62 X                    | ,  |                                     | TIFICATION NUMBE<br>-64831 |  | BM13               |  |
| 6 SIGNATURI  | E OF LEGAL C            |              |                  |                         |  |                                     |                            |  |                    |  |
| SIGNATURE OF   | LEGAL OWN               | ER INDICAT   |                  |                         | OFFAMINE   | N OF TITLE                          | REMOVAL FR                 | OM REAL PRO  | PERTY.             |  |
| Signature of Legal Owner and Title, IF APPLICABLE  GOLF SAVINGS BANK  Signature of Additional Legal Owner and Title, IF APPLICABLE |                         |              |                  |                         |  |                                     |                            |  |                    |  |
| Signature of Additional Legal Owner and Title, IF APPLICABLE   |                         |              |                  |                         |  |                                     |                            |  |                    |  |
|  | 100 STAMP               |              | NOTAR            | ^                       | 1  | 1                                   |                            | 1 1.   | =                  |  |
|  | N L. MIXE               |              | <b>Nashingto</b> | n Sm                    | <i>Wmis</i>  | i h                                 | Signed or attest           | 117 317  | ያ i                |  |
|  | RY PUBL                 |              | County o         | di                      |  |                                     | before the                 | on //// 5  |                    |  |
| CTATE  |                         |              | DAVID            | S. PE                   | ARSON  | W                                   | . TALL                     | Minus  | <i>う</i>           |  |
| STATE C  | F WASHING               | PROT         |                  |                         |  | O.g.                                | nature NOTARY O            | AGENT C  |                    |  |
| 14.8   | SSION EXPIR             | ES E         | SOLF             | SAVING                  | is bai   | <b>NK</b>                           | 200                        | r. Mixe  |                    |  |
|  | AY 9, 2011              | by           |                  |                         |  |                                     | TED NAME OF NOT            | ABY  | <del>"      </del> |  |
| A. A   | DOVENDO DE PO           | A00000       | NAME OF LE       | GAL OWNER               |  | PRIN                                |                            | Office No. OR  | =19111             |  |
|  |                         | Title        |                  |                         | <u> </u>   |                                     | AND:                       | ealer No. OR   | 21111              |  |
|  |                         |              | - 9              | TION/AGENT/NO           |  |                                     |                            | xpiration Date   |                    |  |
| 7 LAND DESC  | CRIPTION (A I           | egal descr   | ption of         | he land car             | n be obtai   | ned from th                         | e local County             | Assessor's Of  | fice)              |  |
|  | o a b c b c i i i       |              | OTZ A OTZ        | r Accor                 | DDIO W   | O TELE DE                           | AT THEREOF                 | DECORDE  | N TAT              |  |
| VOLUME 9   | DARGROVE<br>OF PLATS, I | PAGES 48     | THROU            | I, ACCOR<br>IGH 51, RI  | ECORDS   | OF SKAC                             | AT THEREOF<br>GIT COUNTY   | , WASHING  | TON.               |  |
|  |                         |              |                  | 1.3                     |  | 44                                  |                            |  |                    |  |
| SITUATE IN   | SKAGIT CO               | DUNTY, V     | VASHIN           | GTON.                   | 1/2  |                                     |                            |  |                    |  |
|  |                         |              |                  |                         | ار<br>ادو المحالي  | 47 V                                |                            |  |                    |  |
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|  |                         |              |                  |                         | The co   | adili adili agrad <u>a</u><br>A rat | <u> </u>                   |  | .,                 |  |
| I CERTIFY TH   |                         | RMATION      |                  |                         | EHICLE IS  | CLEAR OF                            | ENCUMBRANC                 | CES EXCEPT A   | s shown.           |  |
|  | RED SALES TA            | X HAS BE     | EN COLL          | ECTED.                  |  | \$ 9<br>                            | -5                         |  |                    |  |
| DEALER NAME (TYP   | PED OR PRINTED)         | 0            |                  |                         |  | WADEAU                              | ER NUMBER                  | DATE OF SALE   | ~e                 |  |
|  | n Cana                  | n we         |                  |                         |  | 1-4-4                               | 120                        | 121101   | 70                 |  |
| PURCHASE PRICE   | TAX                     | JURISDICTION | VTAX HATE        | DEALER'S A              | JTHORIZED S  | SIGNATURE                           |                            | ,  |                    |  |
| 44.241   |                         | Х            | VIO.             | $+ \cup V$              | M KUK  | DHOW                                | w                          |  |                    |  |
| USET   | AX EXEMPT               | Sale to a C  | ertified Tr      | ibal membe              | r on the re  | eservation (                        | attach notarized           | d statement of   | delivery).         |  |
| 9 COUNTY AL  | JDITOR/AGEN             | T LICENSII   | NG OFFIC         | E APPROV                | AL: (Not   | for use by                          | Subagents)                 | A D  |                    |  |
| I certify that the a   |                         |              |                  |                         |  |                                     |                            | nt documentatio  | n to proceed       |  |
| with the recording   |                         | порровно п   |                  |                         |  |                                     |                            |  | 1                  |  |
| NAME (TYPED OF P   | PRINTED)                | - 1          |                  |                         |  | COUNTY                              | OFFICE/VFS/OPERA           | TOR NUMBER   |                    |  |
| ì  | 196                     | ik Vi        | MG               |                         |  |                                     | 291125                     | The state of the s |                    |  |
| SIGNATURE  |                         |              | <u> </u>         |                         |  |                                     | - 101 (2.2.                | DATE   | _/                 |  |
| 5.5(3.12   |                         | X            | $\mathcal{A}$    |                         |  |                                     | and the second of          | 8-12-  | -BK                |  |
|  |                         |              |                  | <del></del>             |  |                                     | ·                          | <u> </u>   |                    |  |
| 10 TITLE FEES  |                         | <u>//</u>    | Lucai E u        | 0145 555                | ELIMINATION  | ON FEE                              | USE TAX                    | SUBAGEN  | T CEEC             |  |
| FILING FEE   | APPLICATION             | ŲN           | MOBILE H         | OME FER                 | ELIMINATA  | UN FEE                              | USE IAX                    | SUBAGEN  | 7                  |  |
|  |                         |              |                  |                         |  |                                     |                            | Company of the Compan |                    |  |
|  |                         |              |                  |                         | √મ,  |                                     |                            | TOTAL FE   | ES & TAX           |  |
| MPORTANT:  | Once the                | application  | has bee          | n approved              | d by the C   | County Aud                          | litor / Vehicle            | S 180  |                    |  |
|  | Licensing               | Office, tak  | e your a         | oplication fo           | orm to the   | County R                            | ecording Office            | е.   |                    |  |
|  |                         |              |                  | fees paid.              |  |                                     |                            |  |                    |  |
|  | your orìgir             | nal applica  | tion form        | , obtain a c            | ertified o   | opy of the                          | recorded form.             | ·  | N V I              |  |
|  | PPLICANTS               | . Once       | ocordod          | Vall must               | ratura to  | a Vahiola I                         | icensing office            | to file the  |                    |  |
|  | CELICAN IS              |              |                  |                         |  |                                     | quired fees. V             |  |                    |  |
|  |                         |              |                  | ents charg              |  |                                     | quirou 1000. V             |  |                    |  |
| L  |                         |              | <u> </u>         |                         |  |                                     | ,                          |  |                    |  |
| For f  | ull instruction         | s on comp    | leting thi       | s form for <sup>-</sup> | Title Elimi  | ination, Re                         | moval from Re              | al Property or   | · //               |  |
| Tran   | sfer in Locati          | on, see foi  | m TD-42          | 0-730, Mai              | nufacture  | d Home Ap                           | oplication Instr           | uctions.   | / 1                |  |

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommodation, please cal (360) 902-3600 or TTY (360) 664-8885.

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