

RETURN ADDRESS

Land Title Company
 P.O. Box 445, 111 E. George Hopper Road
 Burlington, WA 98233
 Escrow #130953-SE



200902060009
 Skagit County Auditor

2/6/2009 Page 1 of 2 9:31AM

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)
	2009	PALMHARBOR	57 X 48	PH20-9666AS

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 8877-000-107-0006/P64173

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
	1	1

NAME OF REGISTERED OWNER
 TERICA J. WRIGHT

NAME OF ADDITIONAL REGISTERED OWNER
 46356 BAKER LOOP ROAD
 ADDRESS CITY CONCRETE WA STATE 98237 ZIP CODE

NAME OF LEGAL OWNER
 GOLF SAVINGS BANK

NAME OF ADDITIONAL LEGAL OWNER
 6505 218th Street
 ADDRESS CITY Mountlake Terrace WA STATE 98043 ZIP CODE

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 *Wright*

Signature of Additional Registered Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP ANNELIESE MARIA FARRELL STATE OF WASHINGTON NOTARY -- PUBLIC My Commission Expires 6-28-2012	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE	
	State of Washington County of Skagit	Signed or attested before me on 11/14/08
	by Terica J. Wright PRINT NAME OF REGISTERED OWNER	Signature <i>Anniese Maria Farrell</i> NOTARY OR AGENT
	by _____ PRINT NAME OF REGISTERED OWNER	ANNELIESE MARIA FARRELL PRINTED NAME OF NOTARY
	Title Notary DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR 6/28/12 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 Maria Farrell	TITLE COMPANY / PHONE NUMBER Land Title Company 360-707-2312
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SIGNATURE / POSITION <i>Anneliese Maria Farrell</i> LPO/Escrow Officer	DATE 11/14/08
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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	BLDG PERMIT OFFICE/PHONE # SKAGIT COUNTY PLANNING 360 336-9410	BLDG PERMIT # BP08-0924
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SIGNATURE / POSITION <i>Lori Anderson</i> PERMIT TECHNICIAN	DATE 2/4/09
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UNRECORDED

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 Penny Graf br Support ops Manager

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of Skagit Signed or attested before me on 12/1/08

Penny Graf Signature Maria Parsons
PRINT NAME OF LEGAL OWNER NOTARY OR AGENT

PRINT NAME OF LEGAL OWNER PRINTED NAME OF NOTARY

Title Support ops Manager AND: County/Office No. OR 9/1/09
DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR Notary Expiration Date

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

Lot 107, "CEDARGROVE 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) Couch Corral Inc WA DEALER NUMBER 4278 DATE OF SALE 12/31/2008

PURCHASE PRICE 65,241 TAX JURISDICTION/TAX RATE 8.0% DEALER'S AUTHORIZED SIGNATURE _____

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) Shannon King COUNTY OFFICE/VFS OPERATOR NUMBER 290133

SIGNATURE [Signature] DATE 2-6-09

10 TITLE FEES

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
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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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