



200907010087

Skagit County Auditor

7/1/2009 Page 1 of 3 11:37AM

RETURN ADDRESS

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

20081064

WASHINGTON STATE DEPARTMENT OF LICENSING		Manufactured Home Application		PLEASE CHECK ONE	
<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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	Karsten	52 X 27	STA 029453OR	
2 LAND					
LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 350934-3-004-0109					
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
		S34-T35-R9		Ptn SW SW	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
	2		1		
NAME OF REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
LEWIS, JAMES A.					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
LEWIS, LISA D.					
ADDRESS		CITY	STATE	ZIP CODE	
51008 CONCRETE SAUK VALLEY RD		CONCRETE	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	
P. O. BOX 5010		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 <i>James A. Lewis</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Lisa D. Lewis</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
NOTARY SEAL OR NAME		State of Washington	County of	Signed or attested before me on	
			Skagit	Mar 4 2009	
		PRINT NAME OF REGISTERED OWNER	Signature	NOTARY FOR AGENT	
		James A Lewis	<i>Lynette M Gentry</i>		
		PRINT NAME OF REGISTERED OWNER	Signature	NOTARY FOR AGENT	
		Lisa D Lewis	<i>Lynette M Gentry</i>		
		Title	AND:	Notary Expiration Date	
		Notary		4-1-12	
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: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.					
<input type="checkbox"/> 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		BPO8-0960	
SIGNATURE / POSITION		DATE			
<i>Lori Anderson</i>		PERMITTECHNICIAN		6/30/09	

MANUFACTURED HOME - FROM SECTION 1

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2009	Karsten	52 X 27	5TA0294530R

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 of Additional Legal Owner and Title, IF APPLICABLE **GOLF SAVINGS BANK**

NOTARY SEAL OR STAMP 	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of <u>Snohomish</u> Signed or attested before me on <u>4/19</u> Signature <u>David S. Pearson</u> NOTARY OR AGENT	
	PRINTED NAME OF LEGAL OWNER GOLF SAVINGS BANK by _____ PRINT NAME OF LEGAL OWNER Title _____ DEALERSHIP POSITION/AGENT/NOTARY	PRINTED NAME OF NOTARY County/Office No. OR _____ Dealer No. OR _____ Notary Expiration Date <u>5/9/11</u>

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) <u>Vic Cox Homes</u>	WA DEALER NUMBER <u>4539</u>	DATE OF SALE <u>12-3-08</u>
PURCHASE PRICE <u>120433</u>	TAX JURISDICTION/TAX RATE <u>8.5</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>Shannon King</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>29-01-33</u>
SIGNATURE <u>[Signature]</u>	DATE <u>7-1-09</u>

10 TITLE FEES

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

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.





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: 350934-3-004-0109
LEGAL DESCRIPTION:

The West 5 acres of the following described property:

That portion of the Southwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 34, Township 35 North, Range 9 East, W.M., lying South of the Ridge Road now known as Sauk Valley Road, as conveyed to the County of Skagit on March 16, 1932, under Auditor's File No. 249433, records of Skagit County, Washington.

EXCEPT road rights-of-way.



200907010087
Skagit County Auditor