

1/14/2010 Page

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RETURN ADDRESS

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

WASHINGTON STATE DEPART	NG /	ufactured Hom Application	IM∏TITL □TRA □BEM	PLEASE CHECK O E ELIMINATION NSFER IN LOCATION OVAL FROM REAL PR	
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BLOCK L		ame on section/township/ran Horn on the Skagit Div.		QUARTER/QUARTER SECTION	
GRANTOR(S) REGIS			IONAL NAMES O		
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AME OF ADDITIONAL REGISTI	ERED OWNER			DOL CUSTOMER ACCOUNT	NT NÚMB
DDRESS 2069 Cedar Street		CITY Concrete	***************************************	STATE ZIP CODE WA 98237	
ME OF LEGAL OWNER Folf Savings Bank			Ą	DOL CUSTOMER ACCOUNT	NT NUMB
ME OF ADDITIONAL LEGAL O	OWNER			DOL CUSTOMER ACCOUNT	NT NUMB
DRESS P.O. Box 5010	<u> </u>	CITY Lynnwood		STATE ZIP CODE WA 98046	
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MANUFACTURED HOME - FROM SECTION 1		
TPO / PLATE NUMBER YEAR MAKE LENGTH/WID		
2009 MARLE 44 X	27 HERØ272600R	KAB .
SIGNATURE OF LEGAL CWNER		
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR EL	IMINATION OF TITLE / REMOVAL	FROM REAL PROPERTY.
Signature of Legal Owner and Title, IF APPLICABLE	GOLF SAVING	S BANK
Signature of Additional Legal Owner and Title, FAPPLICABLE _		
NOTARY SEAL OR STAMP NOTARIZATION/CE	RTIFICATION FOR LEGAL OWN	ER(S) SIGNATURE
State of Washington SW	Signed or at	1.141311
Stranger and the stranger of t	. PEARSON	
I by	Signature Signature	M MINING
CONTRACTOR OF LEGAL OWNER	NOTARY	OR AGENT
PRINT NAME OF LEGALOWNER	VINGS BANK	VRATON
		nty/Office No. OR 5911
Title DEALERSHIP POSITION/AGENT/NO		ry Expiration Date
7 LAND DESCRIPTION (A legal description of the land can	be obtained from the local Cou	nty Assessor's Office)
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Lot 3, Block L, "CAPE HORN ON THE SKAGIT DIVIS pages 14 through 19, inclusive, records of Skagit County	Washington	ied iii volume 9 of 1 lats,
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A PEALEDIC DEPORT OF CALE		
B DEALER'S REPORT OF SALE I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VE	HICLE IS CLEAR OF ENCUMBR	ANCES EXCEPT AS SHOWN.
ANY REQUIRED SALES TAX HAS BEEN COLLECTED. DEALER NAME (TYPED OR PRINTED),	WA DEALER NUMBER	DATE OF SALE
AMERICAN HOME CENTER	4151	11/02/09
PURCHASE PRICE TAX JURISDICTION/TAX RATE DEALER'S AL	THORIZED SIGNATURE	11
58,350.00 2727 /9.3	1) wit s.1/M	eler
USE TAX EXEMPT Sale to a Certified Tribal member		rized statement of delivery).
9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROV.		4 : 4 :
I certify that the above application appears to have been completed with the recording of this form.	correctly, and the applicant has sur	ncient documentation to proceed
NAME (TYPED OR PRINTED)	COUNTY OFFICE/VES OF	PERATOR NUMBER
Your VANG	29011	
SIGNATURE	² N	DATE
		1 117110
10 TITLE FEES FILING FEE APPLICATION MOBILE HOME FEE	ELIMINATION FEE USE TAX	SUBAGENT FEES
FILING FEE APPLICATION MOBILE HOME FEE	LEIMINATION LE	
		TOTAL FEES & TAX
MPORTANT: Once the application has been approved	by the County Auditor / Vehic	ale 📝 🧷
Licensing Office, take your application to	orm to the County Recording C	office.
Retain proof of the recording fees paid. I your original application form, obtain a c	f the Recording Office retains ertified copy of the recorded fo	orm.
APPLICANTS: Once recorded, you must i	eturn to a Vehicle Licensing o	ffice to file the
Manufactured Home Applie	cation, paying all required fees	s. Vehicle
licensing subagents charge		
For full instructions on completing this form for T	itle Elimination, Removal from	Real Property or
Transfer in Location, see form TD-420-730, Mar		

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.



