

RETURN ADDRESS

LYNNWOOD ESCROW CORPORATION
 P.O. BOX 5857
 LYNNWOOD, WA. 98046
 Esc. #990948



200006120153
 Kathy Hill, Skagit County Auditor
 6/12/2000 Page 1 of 2 3:56:16PM

STATE OF WASHINGTON 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)	
	1999	skyline	48/49 X 22	6791-0426-M	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER 4719-000-031-0000		
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
31		Baker View West			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER RICHARD W. YELL YELL RW 34683					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
2911 Timothy Place		Mt. Vernon	WA.	98273	
NAME OF LEGAL OWNER LYNNWOOD MORTGAGE CORPORATION					
NAME OF ADDITIONAL LEGAL OWNER					
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of SNOHOMISH	Signed or attested before me on 7-18-00		
		by RICHARD W. YELL PRINT NAME OF REGISTERED OWNER	Signature NOTARY OR AGENT		
		by _____ PRINT NAME OF REGISTERED OWNER	DEE GOOBY PRINTED NAME OF NOTARY		
		Title NOTARY DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR 1-11-02 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)			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 #	
KICK E PROSSER		360-336-6214		15356	
SIGNATURE / POSITION				DATE	
				5/26/00	

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 *Org. Secretary*
 Signature of Additional Legal Owner and Title, IF APPLICABLE *St. Vice President*

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u><i>Spokane</i></u>	Signed or attested before me on <u><i>3-20-00</i></u>
	by <u><i>Lynnwood Mtg. Corp</i></u> PRINT NAME OF LEGAL OWNER	Signature <u><i>[Signature]</i></u> NOTARY OR AGENT
	by <u><i>NANCY FONTAINE, Sr. VP</i></u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u><i>DEE GOOBY</i></u> Title <u><i>NOTARY</i></u> DEALERSHIP POSITION/AGENT/NOTARY
AND: County/Office No. OR Dealer No. OR <u><i>1-11-02</i></u> Notary Expiration Date		

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

Lot 31, "BAEROF BAKERVIEW WEST", according to the Plat thereof recorded in Vol. 17 of Plats; Pages 13 through 16, inclusive, records of Skagit County, Washington.
 Situate in the County of Skagit, State of 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) <u><i>COACH CORRAL INC</i></u>		WA DEALER NUMBER <u><i>4278</i></u>	DATE OF SALE <u><i>2-24-00</i></u>
PURCHASE PRICE <u><i>75202.46</i></u>	TAX JURISDICTION/TAX RATE <u><i>7.8</i></u>	DEALER'S AUTHORIZED SIGNATURE <u><i>Linda Milbourn</i></u>	
<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) <u><i>CRYSTAL R. BURRESS</i></u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u><i>29-01-10</i></u>
SIGNATURE <u><i>Crystal R. Burress</i></u>	DATE <u><i>6-12-2000</i></u>

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 TDD (360) 664-8885.