

RETURN ADDRESS

Lynnwood Escrow Corporation
 P.O. Box 5857
 Lynnwood, WA. 98046
 ESC. # 20010776



200110180005

Skagit County Auditor

10/18/2001 Page 1 of 2 9:43:19AM

		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME		FIRST AMERICAN TITLE CO			
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2001	Greenbriar	38 X 28	9U91-0704-N	
2 LAND		LEGAL DESCRIPTION ON PAGE			
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED		<input type="checkbox"/> REMOVED	
		REAL PROPERTY TAX PARCEL NUMBER 4139-009-002-0013			
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
land 2	9	Mtn View on Clear Lake			
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		Randall Grimm			
NAME OF ADDITIONAL REGISTERED OWNER		Deborah Grimm			
ADDRESS		CITY	STATE	ZIP CODE	
12545 Mill Street		Clear Lake	WA.	98235	
NAME OF LEGAL OWNER		Golf Savings Bank			
NAME OF ADDITIONAL LEGAL OWNER		P.O. Box 5010			
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
					6-22-01
		PRINT NAME OF REGISTERED OWNER	Signature		
		Randall Grimm			
		PRINT NAME OF REGISTERED OWNER	NOTARY OR AGENT		
		Deborah Grimm	Dee Gooby		
		PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY		
		Notary	Dee Gooby		
		Title	AND: County/Office No. OR		
		DEALERSHIP POSITION/AGENT/NOTARY	Dealer No. OR		
			Notary Expiration Date		
			1-11-02		
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 type="checkbox"/> the manufactured home has been affixed to the real property as described.					
<input checked="" 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 #	
TANWEE BOSMAN		336-9410		6ADD. 0966	
SIGNATURE / POSITION		DATE			
		10/17/01			

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 *Carol M. Warren, Notary*

Signature of Additional Legal Owner and Title, IF APPLICABLE

	NOTARIZATION CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <i>Skagit</i>	Signed or attested before me on <i>10-15-01</i>
	by <i>GOLF SAVINGS BANK</i> PRINT NAME OF LEGAL OWNER	Signature <i>[Signature]</i> NOTARY OR AGENT
	by <i>CAROL M. WARREN</i> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <i>DEE GOOBY</i>
Title <i>NOTARY</i> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. <i>OR1-11-02</i> Notary Expiration Date	

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

Lot 1 and 2, Block 9, Plat of Mountain View on Clear Lake, Volume 2, pages 65, Skagit County, 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) <i>COACH CORRAL INC</i>	WA DEALER NUMBER <i>4278</i>	DATE OF SALE <i>6-28-01</i>
PURCHASE PRICE <i>43365-</i>	TAX JURISDICTION/TAX RATE <i>7.8</i>	DEALER'S AUTHORIZED SIGNATURE <i>Linda Milbourn</i>
<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) <i>Rodrigo Angulo</i>	COUNTY OFFICE/VES OPERATOR NUMBER <i>2901-05</i>
SIGNATURE <i>[Signature]</i>	DATE <i>10.18.01</i>

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 ac



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