

RETURN ADDRESS

Lynnwood Escrow Corp.  
 P.O. Box 5857  
 Lynnwood, WA. 98046  
 ESC. # 2001289



200202140010

Skagit County Auditor

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**STATE OF WASHINGTON**  
 Department of  
**Licensing**

**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)

**1 MANUFACTURED HOME**

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2000	REDMAN	52 X 28	118-27836

**2 LAND LEGAL DESCRIPTION ON PAGE**

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 3966-002-009-0201 R67975

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

NAME OF REGISTERED OWNER: Kelly B. Miller

NAME OF ADDITIONAL REGISTERED OWNER:

ADDRESS: 27028 Burmaster Rd. CITY: Sedro Woolley STATE: WA. ZIP CODE: 98284

NAME OF LEGAL OWNER: Golf Savings Bank

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS: P.O. Box 5010 CITY: Lynnwood STATE: WA. ZIP CODE: 98046

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS: P.O. Box 5010 CITY: Lynnwood STATE: WA. ZIP CODE: 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: *Kelly B Miller*

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 <u>Snohomish</u>	Signed or attested before me on <u>9-27-01</u>
	by <u>Kelly B. Miller</u> PRINT NAME OF REGISTERED OWNER	Signature <u>Pamela J. Grubb</u> NOTARY OR AGENT
	by <u>Pamela J. Grubb</u> PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY County/Office No. OR AND: Dealer No. OR <u>3602</u> 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  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): <u>E.A. Schmitt</u>	BLDG PERMIT OFFICE/PHONE #: <u>SKAGIT COUNTY PERMIT CENTER 330-9410</u>	BLDG PERMIT #: <u>BP01-0614</u>
SIGNATURE / POSITION: <i>E.A. Schmitt</i>	<i>Supp Joe's Tech</i>	DATE: <u>2/13/02</u>

**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 Donna Carter, Skagit

Signature of Additional Legal Owner and Title, IF APPLICABLE \_\_\_\_\_

	<b>NOTARIZATION / CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of <u>Skagit</u>	Signed or attested before me on <u>10-22-01</u>
by <u>GOLF SAVINGS BANK</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> AGENT OR AGENT	by <u>DEE GOOBY</u> PRINT NAME OF NOTARY
by <u>NANCY FONTAINE JR. V.P.</u> PRINT NAME OF LEGAL OWNER	Title <u>NOTARY</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <u>1-1-02</u> Notary Expiration Date

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

The South 1/2 of Lot 9 and the West 20 feet of the North 1/2 of Lots 9; Tract 2, "PEAVEY'S ACREAGE TRACTS No. 1 AND 2, Section 17, 20, 21, 22 and 28, Township 35 North, Range 5 East, W.M.", as per plat recorded in Volume 3 of Plats, page 37, 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) <u>Midway Home</u>	WA DEALER NUMBER <u>4161</u>	DATE OF SALE <u>10-01-01</u>
PURCHASE PRICE <u>62,579</u>	TAX JURISDICTION/TAX RATE <u>7.8</u>	DEALER'S AUTHORIZED SIGNATURE <u>[Signature]</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>Ladrijo Angulo</u>	COUNTY OFFICE/VFS OPERATOR NUMBER <u>2901.9</u>
SIGNATURE <u>[Signature]</u>	DATE <u>2/14/02</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  
If you need special accommodatic

