

RETURN ADDRESS

Lynnwood Escrow Corp
PO Box 5957
Lynnwood WA 98046
Escrow# 20020926
Powell



200301150063

Skagit County Auditor

1/15/2003 Page

1 of

2 10:08AM

FIRST AMERICAN TITLE CO
68914

STATE OF WASHINGTON
Department of
Licensing
MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE

- TITLE ELIMINATION
- TRANSFER IN LOCATION
- 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: 4239152 | YEAR: 2002 | MAKE: SKU | LENGTH/WIDTH(FEET): 44 X 28 | VEHICLE IDENTIFICATION NUMBER (VIN): 9L2916479P

2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER: 3995-000-046-0005

LOT: 47 and 48 | BLOCK: | PLAT NAME: GULF RIVER ESTATES SUBDIV NO. 2 | SECTION/TOWNSHIP/RANGE: _____

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER: | NUMBER OF REGISTERED OWNERS: 2 | NUMBER OF LEGAL OWNERS: 1

NAME OF REGISTERED OWNER: Don M. Powell

NAME OF ADDITIONAL REGISTERED OWNER: Bonnie Mae Powell

ADDRESS: 14941 Mountain View Lane Rockport WA 98283

NAME OF LEGAL OWNER: GOLF SAVINGS BANK

NAME OF ADDITIONAL LEGAL OWNER: _____

ADDRESS: PO Box 5010 Lynnwood WA 98046

GRANTEE
NAME: _____

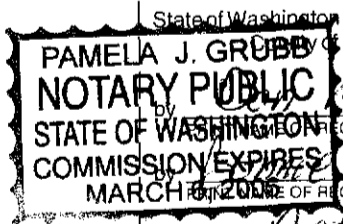
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Signature of Registered Owner and Title, IF APPLICABLE: *Don M Powell*

Signature of Additional Registered Owner and Title, IF APPLICABLE: *Bonnie Mae Powell*

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE



State of Washington, Signed or attested before me on: 7-12-02

Signature: *Don M Powell* Signature: *Pamela J Grubb*

NAME OF REGISTERED OWNER: *Don M Powell* NOTARY OR AGENT: *Pamela J Grubb*

NAME OF REGISTERED OWNER: *Bonnie Mae Powell* PRINTED NAME OF NOTARY: *Pamela J Grubb*

Title: *Notary* AND: County/Office No. OR: Dealer No. OR: Notary Expiration Date: *3-31-06*

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): *Georgine Rossen* BLDG PERMIT OFFICE/PHONE #: *SKAGIT COUNTY PERMIT CENTER / 336-9410* BLDG PERMIT #: *BP02-0278*

SIGNATURE / POSITION: *Georgine Rossen Support Services* DATE: *1/13/03*

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, Esq.*

Signature of Additional Legal Owner and Title, IF APPLICABLE _____



NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington *Snohomish*
County of _____

Signed or attested before me on *1-8-03*

by *Carol Warren Esq.*
PRINT NAME OF LEGAL OWNER

Signature *[Signature]*
NOTARY OR AGENT

by *Golf Savings Bank*
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY *Dee Gooby*

Title *NOTARY*
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR
Dealer No. OR *1-11-06*
Notary Expiration Date

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

Lots 47 & 48, "SAUK RIVER ESTATES SUBDIVISION No. 2", according to the Plat thereof, recorded in Vol. 8 of Plats, pages 23 & 24, 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)		WA DEALER NUMBER	DATE OF SALE
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE	

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>Karne Willis</i>	COUNTY OFFICE/VEHICLE OPERATOR NUMBER <i>2901-21</i>
SIGNATURE <i>[Signature]</i>	DATE <i>1/15/03</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 accommodation, please call (360) 902-3600 or TDD (360) 902-3600.



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Skagit County Auditor