

RETURN ADDRESS

Lynnwood Escrow Corp
 P.O. Box 5857
 Lynnwood, WA. 98046
 ESC. # 20020382



200302270126
 Skagit County Auditor

2/27/2003 Page 1 of 2 11:27AM

FIRST AMERICAN TITLE CO.

08848

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 <u>2002</u>	MAKE <u>SKYLINE</u>	LENGTH/WIDTH (FEET) <u>66 X 28</u>	VEHICLE IDENTIFICATION NUMBER (VIN) <u>9U91-0161-P</u>
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER 4164-01-016-0200 P11807

LOT <u>B</u>	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE <u>24, T35N, R4E</u>
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER <u>29</u>	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
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NAME OF REGISTERED OWNER
Robert R. Osborne

NAME OF ADDITIONAL REGISTERED OWNER
Crystal D. Osborne

ADDRESS 408 CABE LN. CITY SEDA WALLEY 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

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 Robert R Osborne

Signature of Additional Registered Owner and Title, IF APPLICABLE Crystal D Osborne

NOTARY SEAL OR STAMP PAMELA S GRUBB NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES MARCH 8, 2005	NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE Signed or attested before me on <u>4-16-02</u> Signature <u>Pamela J. Grubb</u> NOTARY OR AGENT PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR <u>3606</u> Notary Expiration Date
	PRINT NAME OF REGISTERED OWNER <u>Robert R Osborne</u> PRINT NAME OF REGISTERED OWNER <u>Crystal D Osborne</u> Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY

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.

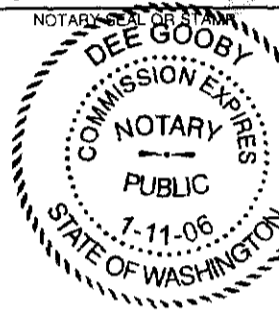
NAME (TYPED OR PRINTED) <u>Arnold McCombs</u>	BLOG PERMIT OFFICE/PHONE # <u>360-855-0771</u>	BLOG PERMIT # <u>6608</u>
SIGNATURE / POSITION <u>Arnold McCombs</u>	<u>BUILDING OFFICIAL</u>	DATE <u>2/25/03</u>

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 *Carol M. Warren, Sr. VP*

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 2-23-03

Golf Savings Bank

Signature *Dee Gooby*
NOTARY OR AGENT
Dee Gooby

PRINT NAME OF LEGAL OWNER
Carol M. Warren, Sr. VP

PRINT NAME OF LEGAL OWNER
Notary

PRINTED NAME OF NOTARY
County/Office No. OR 1-11-06
Dealer No. OR _____
Notary Expiration Date

Title _____
DEALERSHIP POSITION/AGENT/NOTARY

AND: _____

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

Lot B of Sedro Woolley Short Plat No. SW-06-00, approved March 21, 2001, and recorded March 21, 2001, under Auditor's File No. 200103210062, being a portion of the Northwest 1/4 of the Northeast 1/4 of Section 24, Township 35 North, Range 4 East, W.M.

Together with and Subject To a non-exclusive easement for ingress, egress, emergency vehicle turn around area and utilities, delineated as Cabe Lane on the face of said Short Plat

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>4-23-02</i>
PURCHASE PRICE <i>43807-</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>James Willis</i>	COUNTY OFFICE/VEHICLE OPERATOR NUMBER <i>2901-21</i>
SIGNATURE <i>James Willis</i>	DATE <i>2/27/03</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 p
If you need special accommodation, i



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