RETURN ADDRESS

Salmon Bay Escrow	_
1721 Hewitt Ave., Ste 110	
Everett. WA 98201	
Escrow No. 02-1139	
ESCLOW NO. UZ-1139	



			DI EACE CHECK ONÉ
STATE OF WASHINGTON Department of	MANUFACTURED I		PLEASE CHECK ONE
"licensing"	APPLICATION	. =	SFER IN LOCATION
£	de la companya de la	Премо	VAL FROM REAL PROPERTY
of a felony, and upon conviction	false statement of a material fact is o may be punished by a fine, imprise	nment, or both. (RCW	46.12.210)
MANUFACTURED HOME			
TPO / PLATE NUMBER YEAR	LENGTHWIDTH(FEET	· 1	21910356R
2 LAND	LEG,	AL DESCRIPTION ON	PAGE
MANUFACTURED HOME WILL E	BE AFFIXED REMOVED		2 ^{AR} 65 4 ^{UM} 6609
23 & 24 BLOCK 2	PLAT NAME CAVANAUGH		SECTION/TOWNSHIP/HANGE
3 GRANTOR(S) REGISTERED	/LEGALOWNER(S) ADD	DITIONAL NAMES ON	
COUNTY NUMBER	NUMBER OF REGISTERED OWNER 2	RS NUMBER	OF LEGAL OWNERS
NAME OF REGISTERED OWNER			
Jerry C. Shook		,	
NAME OF ADDITIONAL REGISTERED OWN	VEA 3 3 3		
Gail A. Shook			STATE ZIP CODE
ADDRESS	CITY		
34758 South S	ShoreDrive Mount Ver	rnon	WA 98274
	ge Corporation		
NAME OF ADDITIONAL LEGAL OWNER	<u>je Curturacion</u>		
			700087
ADDRESS	OLY /	//	STATE ZIP CODE
2828 Rockefe	ller Ave., Everett		WA 98201
GRANTEE NAME			
n/a			
I DO SOLEMNLY ATTEST UNDE VEHICLE AND THIS INFORMAT	R PENALTY OF PERJURY THAT I/V	WE AM/ARE THE REG	ISTERED OWNER(S) OF THIS
		1-05	Q.
Signature of Registered	Owner and Title, IF APPLICABLE	erry C. Shoo	ok .
Signature of Additional Registered	Owner and Title, IF APPLICABLE	X72 46 S	nek
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICAT	WIN LOFAREGERINER	OWNER(S) SIGNATURE
	State of Washington	Signedic	ratested 3.26-03
	County of Snohomis	(198)	100
	Torry C Shook	Signature	
	DY <u>Jerry C. Shook</u> PRINT NAME OF REGISTERED OWNER		TARY OR AGEN
	by Gail A. Shook PRINT NAME OF REGISTERED OWNER	Miche PRINTED NAME	le M. Höllinger
	Title Notary Public	AND:	County/Office No. OR 4/23/06
	DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date
4 TITLE COMPANY CERTIFICA	of the land and ownership is true and co	rrect per the real proper	ty records.
NAME (TYPED OR PRINTED)	Til	TLE COMPANY / PHONE NUM	MBEA
SIGNATURE / POSITION			DATE
Finalize this application with a l	Licensing Agent within 10 calendar d	ays of the date Title Co	ompany Representativé signs.
5 BUILDING PERMIT OFFICE	CERTIFICATION		
th the manu	factured home has been affixed to the r permit has been issued for this purpose	eal property as describe e and the attachment wi	ed. Il be inspected upon completion.
NAME (TYPED OR PRINTED)	BLDG PERMIT OFFICE/PH	HONE # 356 9410	BLDG PERMIT #
TANINE BOSMAN	SKAGIT CONIN PEX	MIT CONTREL	B102-0279
SIGNATURE/POSITION Sawwel Boss	ian Support	Services	031Z4103

Signature of Legal Owner and Title, IF APPLICABLE Baniel D.	FTITLE / REMOVAD FROM REAL PROPERT
Signature of Legal Owner and Title, IF APPLICABLE Bartiel D.	THE THE PROPERTY
Famiel D.	' NUM NI
ignature of Addition about 100 in the control of th	. Rike, Manager
ignature of Additional Logal Owner and Title, IF APPLICABLE	
NOTARIZATION/CERTIFICATION	N FOR LEGAL OWNER(S) SIGNATURE
* ** * **** * **** * Shift of Washington	Signed attested
140, 9:01	(/oppr/ms/07/13/25/03
PRINT NAME OF LEGAL OWNER	Signature Not AGENT
3-06	Michele M. Hollinger
ASHINGTO PRINT NAME OF LEGAL OWNER THE NOTARY	PRINTED NAME OF NOTARY
	AND: County/Office No. OR 4 / 23 / 06
LAND DESCRIPTION (A legal description of the land can be obtained fro	Notary Expiration Date
Parcel "A":	And local County Assessor's Office
Lot 23, Block 2, "LAKE CAVANALICH CHED	TWICTON DIVISOR
The second of th	Page 50 records -5
mashindlon a	- Lego Jo, lecords or
Parcel "B":	
Lot 24, Block 2, "LAKE CAVANAUGH SUBDE	IVISION, DIVISION
NO. 2", recorded in Volume 5 of Plats Skagit County, Washington.	, Page 50, records of
DEALER'S REPORT OF SALE	
CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAN NY REQUIRED SALES TAX HAS BEEN COLLECTED.	R OF ENCUMBRANCES EXCEPT AS SHOWN
ER NAME (TYPED OR BRINTED)	
CONCII CORRAC INC	\mathcal{L}
5541- DEALERS AUTHORIZED SIGNATI	URE . A
	relovern
USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (a OUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use	
fy that the above application appears to have been completed correctly, and the apporting of this form.	
cording of this form.	ppicant has sufficient documentation to proceed with
COLUMN PRINTED PRINTED POOL	UNITY OFFICELY ES OPERATOR NUMBER
ALLIS	0901-01
KUUUUUU	ONTE IN
TLEFEES	
FEE APPLICATION MOBILE HOME FEE ELIMINATION FEE	USE TAX SUBAGENT FEES
	TOTAL PERS
	TOTAL FEES & TAX
	Superior and the second
MPORTANT: Once the application has been approved by the Oc	The state of the s
MPORTANT: Once the application has been approved by the Co	
you original application torm, obtain a certified cop	py of the recorded form.
APPLICANTS: Once recorded, you must return to a Vehic	
The state of the Application in avenue at	required fees. Vehicle
mostioning subagetits charge a service fee.	· · · · · · · · · · · · · · · · · · ·
For full instructions on completing this form for Title Elimination, or Transfer in Location, see form TD-420-730, Manufactured Ho	Removal from Real Property
A Transfer to the contract of	

The Department of Licensing has a policy of providing equal access to its services if you need special accommodation, please c