

RETURN ADDRESS

Lynnwood Escrow Corp
 P.O. Box 5857
 Lynnwood, WA. 98046
 ESC. 20031909



200311250059
 Skagit County Auditor

11/25/2003 Page 1 of 2 9:27AM

FIRST AMERICAN TITLE CO.:

72320

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 MSC	YEAR 03	MAKE FLTWD	LENGTH/WIDTH(FEET) 56 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) ORFL34829204B913
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2 LAND LEGAL DESCRIPTION ON PAGE _____

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER
4719-000-039-0000

LOT 39	BLOCK	PLAT NAME Bakerview West	SECTION/TOWNSHIP/RANGE
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 1	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER
Felicia M. Petty

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS 2901 Schuller Pl	CITY Mt. Vernon	STATE WA.	ZIP CODE 98273
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NAME OF LEGAL OWNER
Golf Savings Bank

NAME OF ADDITIONAL LEGAL OWNER

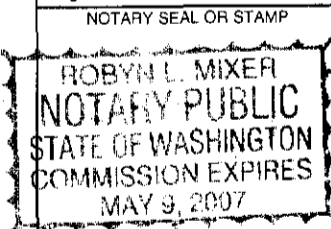
ADDRESS P.O. Box 5857	CITY Lynnwood	STATE WA.	ZIP CODE 98046
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GRANTEE
 NAME

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 *Felicia M. Petty*

Signature of Additional Registered Owner and Title, IF APPLICABLE



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of **Snohomish** Signed or attested before me on **July 4/03**

by **Felicia M. Petty** Signature *Robyn Mixer*
 PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by _____ PRINTED NAME OF NOTARY
 Title **Notary** AND: County/Office No. OR Dealer No. OR Notary Expiration Date **5/9/07**
 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) ROBERT OSBORNE	BLDG PERMIT OFFICE/PHONE # 536-6214	BLDG PERMIT # 18209
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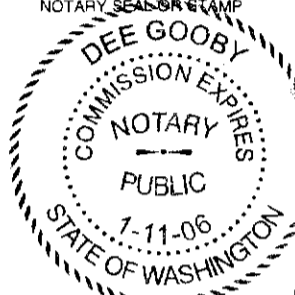
SIGNATURE / POSITION <i>Robert Osborne</i> Building Inspector	DATE 10-15-03
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6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE 

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <u>Snohomish</u>	Signed or attested before me on <u>9-4-03</u>
	by <u>Dann Costa EUP</u> PRINT NAME OF LEGAL OWNER	Signature <u>Dee Gooby</u> NOTARY OR AGENT
	by <u>Golf Savings Bank</u> PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY <u>Dee Gooby</u> Title <u>NOTARY</u> DEALERSHIP POSITION/AGENT/NOTARY
AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>1-11-04</u>		

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

Lot 39, 'Plat of Bakerview West', as per plat recorded in Volume 17 of plats, pages 13 through 16, inclusive, 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>COACH CORRAL INC</u>	WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>7-10-03</u>
PURCHASE PRICE <u>35067-</u>	TAX JURISDICTION/TAX RATE <u>7.8</u>	DEALER'S AUTHORIZED SIGNATURE <u>Linda Milbourn</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>Harrie McCrea</u>	COUNTY OFFICE/VEHICLE OPERATOR NUMBER <u>2901-21</u>
SIGNATURE <u>Harrie McCrea</u>	DATE <u>11/25/03</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 a policy. If you need special accommodation, please contact us.



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