

RETURN ADDRESS
Lynnwood Escrow Corporation
P. O. Box 5857
Mountlake Terrace, WA 98046
Escrow No. 20033017



200312240095
Skagit County Auditor

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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	YEAR	MAKE	LENGTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	04	SKY	68/42	2T9102165

2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED REAL PROPERTY TAX PARCEL NUMBER
Sec 35, tshp 36, range 4; Ptn SW NE and NW SE 360435-4-003-0002 (P50731)

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE 2

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	2	

NAME OF REGISTERED OWNER

Richard Miller

NAME OF ADDITIONAL REGISTERED OWNER

Tina Miller

ADDRESS	CITY	STATE	ZIP CODE
22546 Nature View Dr	Sedro Woolley	WA	98284

NAME OF LEGAL OWNER

Golf Savings Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
PO Box 5010	Lynnwood	WA	98036

GRANTEE

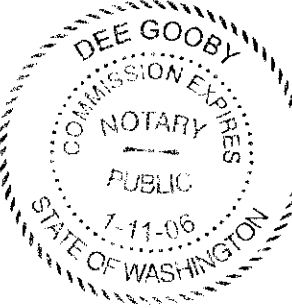
NAME

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

Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP



NOTARIZATION/CERTIFICATION

State of Washington

County of

by Richard Miller

Printed Name of Registered Owner

by Tina Miller

Printed Name of Registered Owner

Title

DEALERSHIP POSITION/AGENT/NOTARY

Signed or attested

before me on

Signature

NOTARY OR AGENT

PRINTED NAME OF NOTARY

County/Office No. OR

AND: Dealer No. OR

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)

BLDG PERMIT OFFICE/PHONE #

BLDG PERMIT #

SIGNATURE/POSITION

DATE

SKAGIT COUNTY PERMIT CENTER

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 <u>Cheryl Conner, Sr VP</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington		Signed or attested	
		County of <u>Inchamish</u>		before me on <u>12-15-03</u>	
		by <u>GOLF SAVINGS BANK</u>		Signature <u>Dee Gandy</u>	
		Printed Name of Legal Owner		NOTARY OR AGENT	
		by <u>NANCY FATHINE, Sr VP</u>		Signature <u>Dee Gandy</u>	
		Printed Name of Legal Owner		PRINTED NAME OF NOTARY	
		Title <u>NOTARY</u>		County/Office No. OR	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR	
				Notary Expiration Date <u>1-11-06</u>	
7 LAND DESCRIPTION					
Sec 35, Twshp 36, Range 4, Ptn SW NE and NW SE					
<u>SEE ATTACHED FULL LEGAL</u>					
8 DEALER'S REPORT OF SALE					
I CERTIFY THAT THIS INFORMATION IS CORRECT, THE VEHICLES 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	
<u>COACH CORRAL INC</u>		<u>4278</u>		<u>11/19/2003</u>	
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<u>\$131615-</u>	<u>7.9</u>	<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)			COUNTY OFFICE/VFS OPERATOR NUMBER		
<u>Hissy Lowery</u>			<u>2901082</u>		
SIGNATURE			DATE		
<u>Hissy Lowery</u>			<u>12/23/03</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 of providing equal access to its services.					
If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.					

TD-420-729 MANUF HOME APPL (R/8/98)OR Page 2The Department of Licensing has a policy of providing equal access to its services.

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