



200702010079  
Skagit County Auditor

2/1/2007 Page 1 of 2 12:20PM

RETURN ADDRESS

Golf Escrow Corp  
6000 219th St SW #440  
MLT, WA 98043

E # 20061660 LAND TITLE OF SKAGIT COUNTY 123117-P

**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/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2007	SKYLINE	44 X 28	9U91-D335-V

**2 LAND** LEGAL DESCRIPTION ON PAGE \_\_\_\_\_

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER 3877-000-123-0006

LOT 123	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE Cedar Grove on the Skagit	QUARTER/QUARTER SECTION
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**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE \_\_\_\_\_

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
	1	1

NAME OF REGISTERED OWNER Julian G. Reyes	DOL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER

ADDRESS 45828 Baker Drive, Concrete, WA	CITY	STATE	ZIP CODE 98237
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NAME OF LEGAL OWNER Golf Savings Bank	DOL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER

ADDRESS P.O. Box 5010, Lynnwood, WA	CITY	STATE	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 *Julian G. Reyes*

Signature of Additional Registered Owner and Title, IF APPLICABLE \_\_\_\_\_

**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

State of Washington County of Skagit Signed or attested before me on 12/6/06

by Julian G. Reyes Signature *Ida Mae Eckelkamp*  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by Ida Mae Eckelkamp  
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY

Title Notary AND: County/Office No. OR Dealer No. OR Notary Expiration Date 12/10/08

**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) LORI ANDERSON SKAGIT COUNTY PLANNING BLDG PERMIT # BPO6-0886  
SIGNATURE / POSITION \_\_\_\_\_ DATE 2/1/07

**MANUFACTURED HOME - FROM SECTION 1**

TPO/PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2007	Skyline	44 x 28	9491-0335-V

**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]* Sr. VP  
 Signature of Additional Legal Owner and Title, IF APPLICABLE: *[Signature]* Golf Savings Bank

	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of <i>Snohomish</i>	Signed or attested before me on <i>1/22/07</i>
	PRINT NAME OF LEGAL OWNER <i>DAVID S. PEARSON, Sr. VP</i>	Signature <i>[Signature]</i>
	PRINT NAME OF LEGAL OWNER <i>Golf Savings Bank</i>	NOTARY OR AGENT <i>Robyn Mixer</i>
Title <i>[Signature]</i>	DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR <i>519/7</i> Notary Expiration Date

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

Lot 123, "Cedargrove on the Skagit" as per plat recorded in Volume 9 of Plats, pages 48 through 51 inclusive, records of Skagit County, Washington. Situate in the County of Skagit, State of 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) <i>CORAH COPPER INC.</i>	WA DEALER NUMBER <i>4278</i>	DATE OF SALE <i>12/11/2006</i>
PURCHASE PRICE <i>36,990</i>	TAX JURISDICTION/TAX RATE <i>B 7%</i>	DEALER'S AUTHORIZED SIGNATURE <i>[Signature]</i>

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>Deborah E. Clay</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <i>2901-27</i>
SIGNATURE <i>[Signature]</i>	DATE <i>2-1-07</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 TTY (360) 664-8885.

