

RETURN ADDRESS

Golf Escrow Corp.
6100 219th St SW
MLT, WA 98043

#20061841



200702230091
Skagit County Auditor

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WASHINGTON STATE 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 MAKE LENGTH/WIDTH/FEET VEHICLE IDENTIFICATION NUMBER (VIN)
2006 Oakwood 70X27 ALB0311470R

2 LAND LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER
4660-000-012-0600

LOT BLOCK PLAT NAME OR SECTION/TOWNSHIP/RANGE QUARTER/QUARTER SECTION
PTN 3 Plot of Eagle Hill

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

COUNTY NUMBER NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS
2 1

NAME OF REGISTERED OWNER DOL CUSTOMER ACCOUNT NUMBER
KYLE S. GRAYSON

NAME OF ADDITIONAL REGISTERED OWNER DOL CUSTOMER ACCOUNT NUMBER
CHERYL N. GRAYSON

ADDRESS CITY STATE ZIP CODE
7639 LOGSDON LANE, CONCRETE WA 98237

NAME OF LEGAL OWNER DOL CUSTOMER ACCOUNT NUMBER
GOLF SAVINGS BANK

NAME OF ADDITIONAL LEGAL OWNER DOL CUSTOMER ACCOUNT NUMBER

ADDRESS CITY STATE ZIP CODE
P. O. BOX 5010 LYNNWOOD WA 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 *X Kyle S Grayson*

Signature of Additional Registered Owner and Title, IF APPLICABLE *Cheryl N Grayson*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
State of Washington County of Snohomish Signed or attested before me on 1/24/06
by Kyle S. Grayson Signature Notary or Agent
Cheryl N. Grayson PRINTED NAME OF REGISTERED OWNER
Notary PRINTED NAME OF NOTARY
Title DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date 6/29/10

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 #
LORI ANDERSON SKAGIT COUNTY PLANNING 9410 BPO6-1136

SIGNATURE / POSITION DATE
Lori Anderson SUPPORT SERVICES TECH. 2/23/07

| MANUFACTURED HOME - FROM SECTION 1 | | | | |
|------------------------------------|------|---------|----------------------|-------------------------------------|
| TPO / PLATE NUMBER | YEAR | MAKE | LENGTH/WIDTH(K/FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) |
| | 2006 | Oakwood | 70 X 27 | ALB0311470R |

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 *Golf Savings Bank*

| | | |
|----------------------|---|--|
| NOTARY SEAL OR STAMP | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE | |
| | State of Washington County of <i>Snohomish</i> | Signed or attested before me on <i>1/8/17</i> |
| | by: <i>David S Pearson</i> PRINT NAME OF LEGAL OWNER | Signature <i>[Signature]</i> NOTARY OR AGENT |
| | by: <i>Golf Savings Bank</i> PRINT NAME OF LEGAL OWNER | PRINTED NAME OF NOTARY <i>Rodyn Mixer</i> |
| | Title _____ | AND: County/Office No. OR Dealer No. OR Notary Expiration Date <i>5/9/17</i> |
| | DEALERSHIP POSITION/AGENT/NOTARY <i>[Signature]</i> | |

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

Lot 4, Short Plat No. PLO5-0122, approved August 18, 2005, recorded August 23, 2005, under Auditor's Title No. 200508230121, being a portion of lots 3, 4, 11 and all of lot 12, "Plat of Eagle Hill" as per plat recorded in Volume 16 of Plats, pages 67 and 68, 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) <i>Oakwood Homes</i> | WA DEALER NUMBER <i>6972</i> | DATE OF SALE <i>11-21-06</i> |
| PURCHASE PRICE <i>\$3,357.29</i> | TAX JURISDICTION/TAX RATE <i>8.0</i> | DEALER'S AUTHORIZED SIGNATURE <i>[Signature]</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>Gabrielle Clay</i> | COUNTY OFFICE/AFS OPERATOR NUMBER <i>2901-27</i> |
| SIGNATURE <i>[Signature]</i> | DATE <i>2-23-07</i> |

| 10 TITLE FEES | FILING FEE | APPLICATION | MOBILE HOME FEE | ELIMINATION FEE | USE TAX | SUBAGENT FEES |
|---------------|------------|-------------|-----------------|-----------------|---------|---------------|
| | | | | | | |

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 1-800-541-5000.

