



200910200010
Skagit County Auditor

RETURN ADDRESS

10/20/2009 Page 1 of 2 9:36AM

Golf Escrow Corp.
6100 219th Street SW #440
Mountlake Terrace, WA 98043

#20090020 CHICAGO TITLE CO. 420000099

WASHINGTON STATE DEPARTMENT OF LICENSING		Manufactured Home Application		PLEASE CHECK ONE	
				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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)	
	2009	FLTWD	70 X 28	ORFL94832575-HS13	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER 4933-000-012-0000	
LOT	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE		QUARTER/QUARTER SECTION	
12		Alger Acres Long Card No. PL05-0208			
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	
John E. Mutchler					
NAME OF ADDITIONAL REGISTERED OWNER				DOL CUSTOMER ACCOUNT NUMBER	
Carol L. Mutchler					
ADDRESS		CITY	STATE	ZIP CODE	
1813 Azure Way		Bellingham	WA	98226	
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				<i>John E. Mutchler</i>	
Signature of Additional Registered Owner and Title, IF APPLICABLE				<i>Carol L. Mutchler</i>	
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on	
		County of Snohomish		10/13/09	
		by <i>John E. Mutchler</i>		Signature <i>Shannon L. Ochoa</i>	
		PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT	
by <i>Carol L. Mutchler</i>		SHANNON L. OCHOA		PRINTED NAME OF NOTARY	
PRINT NAME OF REGISTERED OWNER		Title <i>Notary</i>		AND: County/Office No. OR 6629/10	
DEALERSHIP POSITION/AGENT/NOTARY		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: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.					
<input type="checkbox"/> 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		BP09-0020	
SIGNATURE / POSITION		DATE			
<i>Lori Anderson</i>		PERMIT TECHNICIAN		10-19-09	

MANUFACTURED HOME - FROM SECTION 1				
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2009	FLTWD	70 X 28	ORFL94832575-H513

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] 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 <u>Snohomish</u> Signed or attested before me on <u>3/3/9</u>	
	DAVID S. PEARSON VP PRINT NAME OF LEGAL OWNER GOLF SAVINGS BANK by PRINT NAME OF LEGAL OWNER Title _____	Signature <u>[Signature]</u> NOTARY OR AGENT PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR <u>5/9/11</u> Notary Expiration Date

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

Lot 12, ALGER ACRES LONG CARD NO. PL05-0208, according to the plat thereof, recorded July 2, 2007 under Auditor's File No. 200707020136, records of Skagit County, Washington. Situated in 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</u>	WA DEALER NUMBER <u>4278</u>	DATE OF SALE <u>2-19-09</u>
PURCHASE PRICE <u>83,148</u>	TAX JURISDICTION/TAX RATE <u>8.0</u>	DEALER'S AUTHORIZED SIGNATURE <u>Ray P. Oehls</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>Hoesty Lowery</u>	COUNTY OFFICE/VES OPERATOR NUMBER <u>290108</u>
SIGNATURE <u>[Signature]</u>	DATE <u>10/20/09</u>

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 (360) 902-3600 or TTY (360) 664-8885.

