

3/23/2010 Page 1 of 210:34AM

RETURN ADDRESS

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

# 2009	91864	
WASHINGTON STATE DEPARTMENT		PLEASE CHECK ONE  TITLE ELIMINATION  TRANSFER IN LOCATION  REMOVAL FROM REAL PROPERTY
	viction may be punished by a fine, imprisonmen	
1 MANUFACTURED HOM		IARDIAN NORTHWEST TITLE CO.
TPO/PLATE NUMBER YEAR 20		LE IDENTIFICATION NUMBER (VIN)
2 LAND		CRIPTION ON PAGE
MANUFACTURED HOME W	/ILL BE   AFFIXED □ REMOVED   READ □ REMOVED   READ □ REMOVED   READ □ REMOVED □ REMO	AL PROPERTY TAX PARCEL NUMBER 1030-4-002-0300 (P18798)
LOT BLOCK	PLAT NAME OF SECTION/TOWNSHIP/RANGE \$30-T33-R10	QUARTER/QUARTER SECTION Ptn NE SE
3 GRANTOR(S) REGISTE	RED/LEGAL OWNER(S) ADDITIONA	L NAMES ON PAGE
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
NAME OF REGISTERED OWNER Roberta Cox		DOL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL REGISTERE	O OWNER	DOL CUSTOMER ACCOUNT NUMBER
ADDRESS 22628 SR 530 NE	CITY Darrington	STATE ZIP CODE WA 98241
NAME OF LEGAL OWNER Golf Savings Bank		DOL CUSTOMER ACCOUNT NUMBER
NAME OF ADDITIONAL LEGAL OWN	ER	DOL CUSTOMER ACCOUNT NUMBER
ADDRESS P.O. Box 5010	CITY Lynnwood	STATE ZIP CODE WA 98046
GRANTEE		2000
NAME		
I DO SOLEMNLY ATTEST U VEHICLE AND THIS INFOR		The control of the co
Signature of Regist	ered Owner and Title, IF APPLICABLE	Seet Cox
	tered Owner and Title, IF APPLICABLE	
NETARY SEAP OR STAUP		R REGISTERED OWNER(S) SIGNATURE
KAREN FATE OF V NOTARY	State of Washington County of Skagit	Signed or attested before me on 10-24-2009
EN L F W Ssion E	by Roberta Cox	Signature Kull L. Mulch
ASHI ASHI	PRINT NAME OF REGISTERED OWNER by	Karen L Marick
KAREN L. MAUCK ATE OF WASHINGTO NOTARY PUBLIC Commission Expires 11-2-201	Title Notary Public	PRINTED NAME OF NOTARY  County/Office No. OR  AND: Dealer No. OR 11-2-2011
	DEALERSHIP POSITION/AGENT/NOTARY	Notary Expiration Date
4 TITLE COMPANY CERT	IFICATION tion of the land and ownership is true and correct p	er the real property records
NAME (TYPED OR PRINTED)		NY / PHONE NUMBER
SIGNATURE / POSITION		DATE
Finalize this application with	n a Licensing Agent within 10 calendar days of th	ne date Title Company Representative signs.
5 BUILDING PERMIT OFF		
	anufactured home has been affixed to the real prop ding permit has been issued for this purpose and the	ne attachment will be inspected upon completion.
NAME (TYPED OR PRINTED)  LORI ANDERSON	BLDG PERMIT OFFICE/PHONE # 36	16 7410 BP09-0407
SIGNATURE / POSITION TD 420-729 (R/6/06) W Page 1 of 2	WON PERMITTECHI	NCIAN 3-23-10

MANUFACTURED HOME - FROM SECTION 1		
TPO/PLATE NUMBER YEAR 2009 MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN)  STARZING OR  LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN)  STARZING OR		
6 SIGNATURE OF LEGAL OWNER 2		
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 Golf Savings Bank		
Signed or attested 2/10/10		
County of the norman before green Sign		
I See at the second of the sec		
Signature Signature		
by Marren VI Signature NOTARY OF AGENT OCHOA		
CONTRACT SHOULD SHANNON L. OCHOA		
PRINTED NAME OF NOTARY		
County/Office No. OR / / A/		
Title //ofau AND: Dealer No. OR Q/27/10		
DEALERSHIP POSITION AGENT/NOTAR Notary Expiration Date		
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)		
The North 310 feet of the South 660 feet of the East 450 feet of the Northeast 1/4 of the Southeast 1/4 of Section 30, Township 33 North, Range 10 East, W.M., EXCEPT County Road along the East line thereof.		
And the second of the second o		
Market		
The state of the s		
The state of the s		
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) VIC CCX HOMES WADEALER NUMBER DATE OF SALE		
OAK CREEK HOMES 4539 11/15/09		
PURCHASEPRICE TAX JURISDICTION/TAX RATE DEALER'S OTHORIZED SIGNATURE		
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 ARINTED) 1 COUNTY OFFICE LYES OPERATOR NUMBER		
Listy Owers 290108		
SIGNATURE		
11 (Q) (U) CU (S) (S) (S) (S) (S)		
10 TITLE FEES		
FILING FEE APPLICATION MOBILE HOME FEE ELIMINATION FEE USE TAX SUBAGENT FEES		
i I I I I I I I I I I I I I I I I I I I		
TOTAL FEES & TAX		
MPORTANT: 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.		
ADDUCANTO CONTRACTOR NO CONTRA		
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 cal (360) 902-3600 or TTY (360) 664-8885.

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