

RETURN NAME and ADDRESS

Shapiro & Sutherland, LLC
6950 SW Hampton Street, Suite 340
Tigard, OR 97223

Please Type or Print Neatly and Clearly All Information

Document Title(s)

Manufactured Home Application

Reference Number(s) of Related Documents

200110180005 *Re-recording to correct VIN: 9U91-0704-N, a/k/a 9U-91-0704-N-B/A, a/k/a SN9U910704N AB

Grantor(s) (Last Name, First Name, Middle Initial)

Grimm, Randall and Deborah

Golf Savings Bank

Grantee(s) (Last Name, First Name, Middle Initial)

State of Washington

Legal Description (Abbreviated form is acceptable, i.e. Section/Township/Range/Qtr Section or Lot/Block/Subdivision)

MOUNTAIN VIEW TO CLEAR LAKE BLOCK 9 LOTS 1 AND 2

Assessor's Tax Parcel ID Number 4139-009-002-0013

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

Sign below only if your document is Non-Standard.

I am requesting an emergency non-standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some parts of the text of the original document. Fee for non-standard processing is \$50.

Signature of Requesting Party

RETURN ADDRESS

Lynnwood Escrow Corporation
P.O. Box 5857
Lynnwood, WA. 98046
ESC. # 20010776



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Skagit County Auditor
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STATE OF WASHINGTON 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) 64901					
1 MANUFACTURED HOME TPO / PLATE NUMBER: 2001 YEAR: 2001 MAKE: Greenbriar LENGTH/WIDTH/FEET: 38 X 28 VEHICLE IDENTIFICATION NUMBER (VIN): 9U91-0704-N		FIRST AMERICAN TITLE CO LEGAL DESCRIPTION ON PAGE _____			
2 LAND MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER: 4139-009-002-0013			
LOT: land 2 BLOCK: 9 PLAT NAME: WATER VIEW ON CLEAR LAKE SECTION/TOWNSHIP/RANGE: _____	3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE _____				
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS			
NAME OF REGISTERED OWNER: Randall Grimm NAME OF ADDITIONAL REGISTERED OWNER: Deborah Grimm ADDRESS: 12545 Mill Street CITY: Clear Lake STATE: WA ZIP CODE: 98235					
NAME OF LEGAL OWNER: Golf Savings Bank NAME OF ADDITIONAL LEGAL OWNER: _____ ADDRESS: P.O. Box 5010 CITY: Lynnwood STATE: WA ZIP CODE: 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>Randall Grimm</i> Signature of Additional Registered Owner and Title, IF APPLICABLE: <i>Deborah Grimm</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of Snohomish Signed or attested before me on 6-22-01 Signature: <i>Dee Gooby</i> PRINT NAME OF REGISTERED OWNER: Randall Grimm PRINT NAME OF REGISTERED OWNER: Deborah Grimm PRINTED NAME OF NOTARY: Dee Gooby Title: Notary County/Office No. OR 1-11-02 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 type="checkbox"/> the manufactured home has been affixed to the real property as described. <input checked="" type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED): THANNE BOSMAN BLDG PERMIT OFFICE PHONE # 326-9410 BLDG PERMIT # ADD. 0906		SIGNATURE / POSITION: <i>Thanne Bosman</i> SUPERVISOR SURETY SERVICES DATE: 10/17/01			

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]*

Signature of Additional Legal Owner and Title, IF APPLICABLE:

NOTARY SEAL OR STAMP
NOTARIZATION / CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
State of Washington County of *Skagit* Signed or attested before me on *10-15-01*
GOLF SAVINGS BANK Signature *[Signature]*
PRINT NAME OF LEGAL OWNER *Dee Gooby* NOTARY OR AGENT
PRINT NAME OF LEGAL OWNER *Dee Gooby* PRINTED NAME OF NOTARY
Title *NOTARY* AND: County/Office No. OR Dealer No. OR *ORL-11-02*
DEALERSHIP POSITION (AGENT/NOTARY) Notary Expiration Date

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)
Lot 1 and 2, Block 9, Plat of Mountain View on Clear Lake, Volume 2, pages 65, Skagit County, 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) *COACH CORRAL INC* VIA DEALER NUMBER *4278* DATE OF SALE *6-28-01*
PURCHASE PRICE *43365-* TAX JURISDICTION/TAX RATE *7.8* DEALER'S AUTHORIZED SIGNATURE *[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 PRINTED) *Rodrigo Aguilo* COUNTY OFFICE/FS OPERATOR NUMBER *2901-05*
SIGNATURE *[Signature]* DATE *10.18.01*

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.

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STATE OF WASHINGTON } SS
COUNTY OF SKAGIT COUNTY

As Auditor of Skagit County, I do hereby certify that the foregoing instrument is a true and correct copy of the original now on file in this office.

IN WITNESS WHEREOF, I set my hand and seal as Auditor of Skagit County this 1st day of April, 2019.

[Signature]
Auditor

[Signature]
Deputy Auditor

