

RETURN ADDRESS



200110100135

Skagit County Auditor

10/10/2001 Page 1 of 2 3:37:05PM

Lynnwood Escrow Corp.

P.O. Box 5857

Lynnwood, WA. 98046

ESC. 20010395

STATE OF WASHINGTON 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)				☒ TITLE ELIMINATION ☐ TRANSFER IN LOCATION ☐ REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME		FIRST AMERICAN TITLE CO.			
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2001	Skyline	66 X 28	2191-0633-N	
2 LAND		LEGAL DESCRIPTION ON PAGE			
MANUFACTURED HOME WILL BE		☒ AFFIXED ☐ REMOVED		REAL PROPERTY TAX PARCEL NUMBER	
				4155-000-012-0100	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
A 12		Cascade Vista Park (TRB SPSWS-78)			
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					
Richard D. Kermen					
NAME OF ADDITIONAL REGISTERED OWNER					
Billie J. Kermen					
ADDRESS		CITY	STATE	ZIP CODE	
504 Cascade Vista Dr.		Sedro Woolley	WA.	98284	
NAME OF LEGAL OWNER					
Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER					
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>Billie Kermen</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Richard D Kermen</i>					
NOTARY SEAL/STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
Notary Public State of Washington My Commission Expires Jan. 03, 2002 N.R. WEBB		State of Washington County of Skagit Signed or attested before me on May 6, 2001 by <i>Richard D. Kermen</i> Signature <i>NR Webb</i> PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT by <i>Billie J. Kermen</i> Signature <i>NR Webb</i> PRINT NAME OF REGISTERED OWNER Title <i>Notary Public</i> AND: County/Office No. OR DEALERSHIP POSITION/AGENT/NOTARY Notary Expiration Date 1-03-02			
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 #	
ARDRII McCombs		360-855-0271		649.	
SIGNATURE / POSITION		BUILDING OFFICIAL		DATE	
<i>ARDRII McCombs</i>				6/19/01	

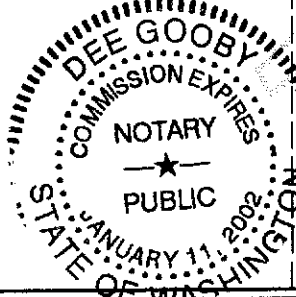
6 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/ REMOVAL FROM REAL PROPERTY.

Signature of Legal Owner and Title, IF APPLICABLE

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of SnohomishSigned or attested
before me on 6-7-01Carol M. Warren, Sr. VP
PRINT NAME OF LEGAL OWNERSignature [Signature]
NOTARY OR AGENTby for Golf Savings Bank
PRINT NAME OF LEGAL OWNERDee Gooby
PRINTED NAME OF NOTARYTitle NotaryAND: County/Office No. OR 1-11-02
Dealer No. OR
Notary Expiration Date

DEALERSHIP POSITION/AGENT/NOTARY

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

Tract "B", of Short Plat No. SW-5-78, recorded June 5, 1978 in Volume 2 of Short Plats, page 221, under Auditor's File No. 880757, records of Skagit County, Washington; being a portion of Lot 12 "CASCADE VISTA PARK", as per plat recorded in Volume 9 of Plats, pages 113 and 114; TOGETHER WITH a non-exclusive easement for ingress, egress and utilities, as delineated on the fact of said Short Plat and corrected by Survey; recorded August 28, 1979 under Auditor's File No. 7908280C31.

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

WA DEALER NUMBER

4278

DATE OF SALE

5-10-01

PURCHASE PRICE

57890 -

TAX JURISDICTION/TAX RATE

7.8

DEALER'S AUTHORIZED SIGNATURE

Linda Milbourn☐ 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)

PEGGY A. RIEDELL-GRAHAM

COUNTY OFFICER/FS OPERATOR NUMBER

29-0-04

SIGNATURE

Peggy A. Riedell-Graham**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 accommodations, please contact us.



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