

RETURN ADDRESS

Lynnwood Escrow Corp.

P.O. Box 5857

Lynnwood, WA. 98046

ESC # 20011498

200202140002
Skagit County Auditor
2/14/2002 Page 1 of 2 8:37AM

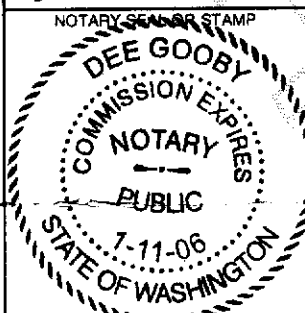
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
				☒ TITLE ELIMINATION ☐ TRANSFER IN LOCATION ☐ REMOVAL FROM REAL PROPERTY	
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	99	SKY	64 X 28	21910864L	
2 LAND LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		☒ AFFIXED ☐ REMOVED		REAL PROPERTY TAX PARCEL NUMBER	
				3869-014-013 0000 P63432	
LOT	BLOCK	PLAT NAME		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					
Michael Foster					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
42112 Cape Horn Cr.		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>Michael Foster</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of <i>Skagit</i> Signed or attested before me on <i>11/22/01</i>			
		Michael Foster Signature <i>Scott A. Saylor</i>			
		PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT			
		by <i>Scott A. Saylor</i> PRINTED NAME OF NOTARY			
		Title <i>Notary Public</i> AND: County/Office No. OR Dealer No. OR <i>11/30/01</i>			
		DEALERSHIP POSITION/AGENT/NOTARY 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: ☐ 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 #	
<i>E.A. Schutt</i> SKAGIT CO. PERMIT CENTER		336.9410		BPOO-1741	
SIGNATURE / POSITION		DATE			
<i>E.A. Schutt</i> Supp. SACS		2/11/02			

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 Carol M. Warren, SR. VP

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of SnohomishSigned or attested
before me on 2-28-02by Golf Savings Bank
PRINT NAME OF LEGAL OWNERSignature [Signature]
NOTARY OR AGENTby Carol M. Warren, SR. VP
PRINT NAME OF LEGAL OWNERSignature Dee Gooby
PRINTED NAME OF NOTARYTitle Notary
DEALERSHIP POSITION/AGENT/NOTARYCounty/Office No. OR 1-11-06
AND: Dealer No. OR
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**Lot 13, Block N, "CAPE HORN ON THE SKAGIT DIVISION NO. 2",
as per Plat recorded in Volume 9 of Plats, pages 14 through 19,
inclusive, 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)

COACH CORRAL INC

WA DEALER NUMBER

4278

DATE OF SALE

11-30-01

PURCHASE PRICE

42670-

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)

[Signature]

COUNTY OFFICE/MS OPERATOR NUMBER

2901-21

SIGNATURE

DATE

2/13/02**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 accommodation