

## RETURN ADDRESS

Security Investors

200 South Cherry Street

Burlington, WA 98233



200109200081

, Skagit County Auditor

9/20/2001 Page 1 of 2 3:12:04PM

STATE OF WASHINGTON Department of <b>Licensing</b>		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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER <b>Z008431</b>	YEAR <b>1990</b>	MAKE <b>Marlette</b>	LENGTH/WIDTH(FEET) <b>14 X 68</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>H004145</b>	
<b>2 LAND</b> LEGAL DESCRIPTION ON PAGE _____					
MANUFACTURED HOME WILL BE		<input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER <b>38690150160004</b>	
LOT <b>16</b>	BLOCK <b>"0"</b>	PLAT NAME <b>CAPE HORN ON the SKAGIT #2</b>		SECTION/TOWNSHIP/RANGE <b>P# R63457</b>	
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> ADDITIONAL NAMES ON PAGE _____					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS <b>1</b>		NUMBER OF LEGAL OWNERS	
NAME OF REGISTERED OWNER <b>Security Investors, Inc.</b>					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS <b>200 South Cherry Street</b>		CITY <b>Burlington</b>		STATE <b>WA</b>	ZIP CODE <b>98233</b>
NAME OF LEGAL OWNER <b>Same as Registered</b>					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY		STATE	ZIP CODE
<b>GRANTEE</b>					
NAME <b>Same as Gantor</b>					
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>Lanny Wikson</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 <b>Skagit</b>		Signed or attested before me on <b>9/20/01</b>	
		by <b>Lanny Wikson</b> PRINT NAME OF REGISTERED OWNER		Signature <i>[Signature]</i> NOTARY OR AGENT	
		by _____ PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. <b>0910108</b> Dealer No. <b>0910108</b> Notary Expiration Date	
<b>4 TITLE COMPANY CERTIFICATION</b>					
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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b>					
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) <b>TAMMEE BOSMAN</b>		BLDG PERMIT OFFICE/PHONE # <b>336-9410</b>		BLDG PERMIT # <b>0900-0046</b>	
SIGNATURE / POSITION <i>Tammee Bosman</i>		Support Services		DATE <b>09/20/01</b>	

**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	<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>	
	State of Washington County of _____	Signed or attested before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date
Title _____ DEALERSHIP POSITION/AGENT/NOTARY		<b>AND:</b> _____

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

\_\_\_\_\_

**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) <b>Lamplighter Home, Inc.</b>	WA DEALER NUMBER <b>4600</b>	DATE OF SALE <b>2-29-2000</b>
PURCHASE PRICE <b>15,000.00</b>	TAX JURISDICTION/TAX RATE <b>2900/.076</b>	DEALER'S AUTHORIZED SIGNATURE <i>[Signature]</i>
<input type="checkbox"/> <b>USE TAX EXEMPT</b> 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) <b>Trish Lowrey</b>	COUNTY OFFICE/VFS OPERATOR NUMBER <b>290108</b>
SIGNATURE <i>[Signature]</i>	DATE <b>9/20/01</b>

<b>10 TITLE FEES</b>	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 h  
If you need special accommod



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Skagit County Auditor