Your Dealership Name Your Address Vour Town A 7 85007	License Number:
Your Town, AZ 85007 Compatibility	y Agreement
Date:	
This form is required by the Arizona Departryou, our customer that the utility service facistandardized and compatibility between a chemanufactured home to be purchased is the property of th	ilities for manufactured home spaces are not osen manufactured home space and a
Buyer's Signature	Date

(NOTE: BUYER MUST DATE HIS OWN SIGNATURE. COMPATIBILITY AGREEMENT MUST BE SIGNED AND DATED PRIOR TO OR ON THE SAME DATE AS THE PURCHASE AGREEMENT.)

COMPATIBILITY AGREEMENT IS NOT NEEDED WHEN A USED HOME IS SOLD "WHERE IS" NOR IS IT NEEDED WHEN THE HOME IS BEING PLACED ON PRIVATE LAND.

	RECEIPT		DEP.	CLOSE			WITHDRAWAL	WAL	ACCOUNT
DATE NO.	CUSTOMER	AMOUNT		DATE	DATE	AMOUNT	CK.#	Bakva	BALANCE
				Managaran ang rasa pasa pasa pasa pasa pasa pasa pasa	and the second s		511		
The state of the s	And a service property and a service comment of the	To the first of th							
						-31	ME		
			- 1	li e			£74		
846				o ini)					
						are Art I	tvij		
							430		
	30		Cuert Luck	9 49					
							1/4	er en	
				1483					
									The second secon
	The state of the s								
ACTION OF THE PROPERTY OF THE									
						anv		2006 2006 2006 2007	
		<u> </u>	182h			fair			
ar.				i lin					
	THE PARTY NAMED IN THE PARTY OF		1			e ui			
	AMERICAN AMERICAN AND AND AND AND AND AND AND AND AND A								

INDIVIDUAL CLIENT LEDGER SHEET

BUYER:		YEAR:		para garan sadi di mang diparah sas	LOT:	production occupies of year or and productive
UNIT LOCATION:		online will	la gión	F.O	STOCK	
RECEIPT NO.	DEPOSIT AMOUNT	DATE OF DEPOSIT	DATE AND AMOUNT OF WITHDRAWAL	CHECK #	WITHDRAWAL TO/PAYEE	BALANCE
	Prince and the second		0 2 4		See Buseen	
		myse Mal	ball of collect			
			- 200		COCCECHO	
		4			ASS CLESSION	

DOUGLAS A. DUCEY Governor



MICHAEL TRAILOR Director

STATE OF ARIZONA DEPARTMENT OF HOUSING 1110 WEST WASHINGTON, SUITE 280 PHOENIX, ARIZONA 85007

(602) 771-1000 FAX: (602) 771-1002

MANUFACTURED HOUSING HOMEOWNER INFORMATION BULLETIN – (NEW)

Buying a new manufactured home/FBB in Arizona is both a smart and wise investment. You have the quality assurances of the federal government under the U.S. Department of Housing and Urban Development Construction Standards Program as well as the standards adopted by the State of Arizona. In addition, the Arizona Department of Housing is responsible by law for enforcing the standards, rules, and regulations under which your home was constructed, sold, and installed.

If any problems arise with your new home within 120 days for cosmetic items and one (1) year for structural, gas, electric, water, or air conditioning/heating:

- 1. Send the retailer a letter detailing the problem areas, keeping a copy for your own files.
- 2. If, for some reason, the retailer and/or installer have not responded in a reasonable length of time, call the retailer and send a letter to the manufacturer listing your concerns, again keeping a copy for your files.
- 3. If, after providing sufficient time for all parties to respond to your concerns, problems still exist, you may contact the Department of Housing at 1110 W. Washington, Suite 280, Phoenix, AZ 85007-2935, Phone: (602) 771-1000 and file a complaint.

Cosmetic, superficial, or minor complaints are limited to 120 days after date of installation or the designated cosmetic complaint date provided:

- 1. A walk-through inspection was performed and all cosmetic, superficial, or minor complaints were noted on the walk-through form. All repairs on the walk-through form need to be corrected within ninety (90) days after the end of the cosmetic complaint period (120 days).
- 2. The purchaser shall notify the retailer in writing regarding cosmetic, superficial or minor matters found after the walk-through and before the 120-day deadline before a complaint may be filed. The retailer or manufacturer shall replace or repair these items within 90 days after the end of the cosmetic complaint period. If, after providing sufficient time for all parties to respond to your concerns, problems still exist, you may contact the Department of Housing at the above address.

Misrepresenting a down payment or financing on a credit application to influence a federal agency or a financial institution is a violation of federal law. Penalties for these violations may include a fine of up to \$1,000,000.00, imprisonment up to 30 years, or both. Misrepresenting the amount of down payment on a sales contract is a violation of state law. Please notify the Department if any salesperson or retailer advise actions in violation of the law.

I hereby acknowledge that I have read the forego Bulletin attached hereto and that all applicable war	oing Notice and received a copy of the Homeowner Information ranties are stated on the sales contract.
Homeowner's Signature	Date
PRINTED Homeowner's Name:	
INFORMATION BELOW TO BE COMPLET	ED BY DEALER: (Please Print or Type)
Business Name	License#
Manufacturer	
Salesperson License #:	
Manufactured Home	Factory Built Building

DOUGLAS A. DUCEY Governor



MICHAEL TRAILOR Director

STATE OF ARIZONA DEPARTMENT OF HOUSING 1110 WEST WASHINGTON, SUITE 280 PHOENIX, ARIZONA 85007

(602) 771-1000 FAX: (602) 771-1002

MANUFACTURED HOUSING HOMEOWNER INFORMATION BULLETIN – (USED)

The Arizona Department of Housing ("Department") is the licensing agency and regulatory authority for manufacturers, dealers, brokers, salespersons and installers of manufactured homes. The Department is responsible by law for enforcing the standards, rules and regulations under which your unit was constructed, sold and installed. The Department has established procedures for handling unresolved consumer complaints against licensees. If any problems should arise, we suggest you take the following steps:

- 1. Send the dealer or broker a letter detailing your problems. Keep a copy for your records. After a short period of time, follow up your letter with a phone call.
- 2. If after a reasonable time the problem is not resolved, contact the Department at the above address. Our Complaint Section will assist you in a fair resolution to your problem with complaints that are filed within one year from the date of sale or installation.

If you have any questions, feel free to contact the Department. Misrepresenting a downpayment or financing on a credit application to influence a federal agency or a financial institution is a violation of federal law. Misrepresenting the amount of downpayment on a sales contract is a violation of state law. Penalties for these violations may include a fine of up to \$150,000.00 and imprisonment for up to seven years. Please notify the Department of any salesperson, dealer or broker who advises action in violation of the law. I hereby acknowledge that I have read the foregoing Notice and received a copy of the Homeowner Information Bulletin attached hereto and that all applicable warranties are stated on the sales contract. Homeowner's (Purchaser) Signature Date Do not sign until you have read the above notice INFORMATION BELOW TO BE COMPLETED BY DEALER: (Please Print or Type) Dealer's or Broker's Business Name _____License# _____ Manufacturer _____ Purchase Date Salesperson License #: Serial #: Purchaser's Printed Name _____ or License #_____ Installer Selling price: Check appropriate box below Under \$50,000.00 \$50,000.00 or more *Requires \$30.00 Recovery Fund fee *No Recovery Fund fee required

ADOH OA 185a (rev. 5/16) (Used)



OFFICE OF MANUFACTURED HOUSING 1110 West Washington, Suite 100, Phoenix, AZ 85007, Phone: (602) 364-1028



Home Walk Through Inspection Checklist

Homeowner Name:		DI	hono: (
Address:	unio la della sud professioni di sala selessi	Ci	Santa Zin
*******	**********	*********	State: Zip:
	License		
********	**********	City:	State: Zip:
ivianuiacturer:	Year:	Model:	Serial No:
Installation Date:	or Designat	ed Cosmetic Complaint	Date:
	!!! ATTENTION	HOME BUYER!!!	He inte
This walk through inspection	on is being conducted for your benefit.	It is important to thoroughly	examine each item listed below.
there is a problem, circle th	ems below for operation and appearance number and the item on the list then problem. Example: A. 13 Countertop	write the room letter and the	the item to show it was inspected. If
A. Kitchen	B. Living Room/Dining Room	C. Den/Family Room	D. Hallway
1. Door 2. Switches/Receptacles 3. Light Fixture(s) 4. Walls 5. Trim 6. Windows 7. Drapes/Mini-Blinds 8. Carpet/Floor Covering 9. Ceiling 10. Air Registers 11. Fan(s) 12. TV/Phone Jacks 13. Countertops 14. Cabinets 15. Appliances 16. Sink 17. Disposal	□ 1. Door □ 2. Switches/Receptacles □ 3. Light Fixture(s) □ 4. Walls □ 5. Trim □ 6. Windows □ 7. Drapes/Mini-Blinds □ 8. Carpet/Floor Covering □ 9. Ceiling □ 10. Air Registers □ 11. Fan(s) □ 12. Foyer □ 13. TV/Phone Jacks □ 14. Fireplace/Doors & Hearth □ 15. Hutch/Entertainment Center	□ 1. Door □ 2. Switches/Receptacles □ 3. Light Fixture(s) □ 4. Walls □ 5. Trim □ 6. Windows □ 7. Drapes/Mini-Blinds □ 8. Carpet/Floor Covering □ 9. Ceiling □ 10. Air Registers □ 11. Fan(s) □ 12. TV/Phone Jacks □ 13. Cabinets	□ 4. Walls □ 5. Trim □ 6. Windows □ 7. Drapes/Mini-Blinds □ 8. Carpet/Floor Covering □ 9. Ceiling □ 10. Air Registers □ 11. Fan(s)
E. Master Bedroom	F. Bedroom 2	G. Bedroom 3	H. Home Exterior
1. Door 2. Switches/Receptacles 3. Light Fixture(s) 4. Walls 5. Trim 6. Windows 7. Drapes/Mini-Blinds 8. Carpet/Floor Covering 9. Ceiling 10. Air Registers 11. Fan(s) 12. Closet Door(s) 13. TV/Phone Jacks	 □ 1. Door □ 2. Switches/Receptacles □ 3. Light Fixture(s) □ 4. Walls □ 5. Trim □ 6. Windows □ 7. Drapes/Mini-Blinds □ 8. Carpet/Floor Covering □ 9. Ceiling □ 10. Air Registers □ 11. Fan(s) □ 12. Closet Door(s) □ 13. TV/Phone Jacks 	☐ 1. Door ☐ 2. Switches/Receptacles ☐ 3. Light Fixture(s) ☐ 4. Walls ☐ 5. Trim ☐ 6. Windows ☐ 7. Drapes/Mini-Blinds ☐ 8. Carpet/Floor Covering ☐ 9. Ceiling ☐ 10. Air Registers ☐ 11. Fan(s) ☐ 12. Closet Door(s) ☐ 13. TV/Phone Jacks	□ 1. Door □ 2. Switches/Receptacles □ 3. Light Fixture(s) □ 4. Siding/Paint □ 5. Shutters/Trim □ 6. Windows □ 7. Hose Bib □ 8. Water Heater/Furnace Door □ 9. Skirting □ 10. Awnings/Post □ 11. Roof □ 12. Stairs □ 13. Fan(s)

I. Master Bath	J. Guest Bath	K. Utility Room	L. Other
□ 1. Door	□ 1. Door	□ 1. Door	П1
☐ 2. Switches/Receptacles	☐ 2. Switches/Receptacles	☐ 2. Switches/Receptacles	□1. □2
☐ 3. Light Fixture(s)	☐ 3. Light Fixture(s)	☐ 3. Light Fixture(s)	□ 2. □ 13
4. Walls	☐ 4. Walls	☐ 4. Walls	L J.
☐ 5. Trim	☐ 5. Trim	☐ 5. Trim	□ 4. □ 5.
☐ 6. Windows	☐ 6. Windows		U.S.
		☐ 6. Windows	□ 0.
7. Drapes/Mini-Blinds	7. Drapes/Mini-Blinds	7. Drapes/Mini-Blinds	□ /.
□ 8. Carpet/Floor Covering	□ 8. Carpet/Floor Covering	□ 8. Carpet/Floor Covering	
☐ 9. Ceiling	□ 9. Ceiling	□ 9. Ceiling	□ 9. □ 10. □ 11. □ 12.
□ 10. Air Registers	☐ 10. Air Registers	□ 10. Air Registers	□ 10
□ 11. Fan(s)	□ 11. Fan(s)	□ 11. Fan(s)	□ 11.
☐ 12. Countertops	☐ 12. Countertops	☐ 12. Countertops	
☐ 13. Cabinets	☐ 13. Cabinets	☐ 13. Cabinets	□ 13.
☐ 14. Sink(s)/Faucets	☐ 14. Sink(s)/Faucets	☐ 14. Dryer Vented out from	□ 14. □ 15
☐ 15. Mirrors	☐ 15. Mirrors	Under house.	□ 15
□ 16. Tub/Shower	☐ 16. Tub/Shower	☐ 15. Electrical Panels-Labels, etc.	□ 15.
☐ 17. Commode	□ 17. Commode	= 15. Dicomean amers-Labers, etc.	□ 10. □ 17
☐ 18. Circuit Interrupter	☐ 18. Circuit Interrupter		□ 16. □ 17.
18. Cheuit Interrupter	16. Cheuit interrupter		□ 18.
Smoke alarm(s) have been	en tested and alarm has sounded	Bahr and thought the first of	
Description area			
2 cocretion at ca			
		STATE OF THE STATE	Maria Ma
	on characteristics and the control of the control o	the space indicates on more and the Al-	
	ASSESSMENT OF THE PROPERTY OF		BU CONTRACTOR AND A DESCRIPTION
			到25.3亿分为2月1日日日日1日日 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	eng alifesiku falkisakatian u olehkumi.	Manifestor of the end of the control of	taking order only amount to the
			The state of the s
The metallan an arrant	an chall completely and the same to the sa	tue call C	
any problems with the dame	r snan supply the purchaser with t	two gallons of paint to match each interi	or color ordered. If there are
the end of the first year if yo	an within the first year, the retall	er or manufacturer must make one add	tional visit for repairs before
the chu of the first year if yo	a report the problem.		
The consumer to and to a	and named at the matellion of the		4 5
the consumer is urged to fi	rst contact the retailer regarding a	any problems with the home. The consu	mer must file any complaints
regarding cosmetic items w	ith the Office of Manufactured	Housing within 120 days of the install	ation or designated cosmetic
complaint date (A.R.S. § 41-	2182).		
Owner/Agent Signature	Data	Aggrad Circulation	
Owner/Agent Signature	Date	Agent Signature	Date
One and a second		- And the second of the second	
Owner/Agent Signature	Date		

RUNNING GEAR BUYBACK AGREEMENT

DATE					
I/WE HAVE ELECTED TO SELL MY/OUR WI	HEELS/TIRES AND AX	LES FROM OU	R NEW MAN	NUFAC	TURED
HOME, SERIAL #	то	0,000			
IN RETURN FOR THE FOLLOWING COMPE	NSATION:	NAME C)F DEALERS	HIP	
					- Aleks
	Selver Halleville				
PURCHASER SIGNATURE	DATE	_			
THE PERSON OF TH	June 1				
PURCHASE SIGNATURE	DATE				

MANUFACTURED HOUSING AGENCY DISCLOSURE STATEMENT

Before the Buyer or Seller enters into a discussion with a Manufactured Housing Broker, the Buyer or Seller should know and understand whom the Broker will represent in the transaction. The Buyer or Seller should read carefully all agreements to insure that the agreements adequately express their understanding of the transaction. The duties of a Broker do not relieve the Buyer or Seller of the responsibility to protect their own interests.

ELECTION

BUYER ELE	CTION (Complete this section only	ly if you are the Buyer.)	
The undersign	ed elects to have the Broker (Checl	k any that apply)	
	represent the Buyer as Buyer's	Broker	
	represent the Seller as the Selle	r's Broker	
_	show Buyer properties listed was Broker shall act as agent for bo representation. Buyer's and Se writing other than the purchase	th Buyer and Seller prov ller's consent should be	ided that Seller consents to dual
SELLER EL	ECTION (Complete this section or	nly if you are the Seller.)	
The undersign	ed elects to have the Broker (Check	c any that apply)	
	represent the Seller as Seller's I	Broker	
	represent the Buyer as the Buye	er's Broker	
		th Seller and Buyer prov yer's consent should be	roker's firm and Seller agrees tha ided that Buyer consents to dual acknowledged in a separate
	SIGNEDBUYER(S) orS HIS DOCUMENT.	SELLER(S) ACKNOW	LEDGE RECEIPT OF A
SIGNED	Mo/Da/Yr	SIGNED	Mo/Da/Yr
FIRM NAME	(Broker)	LICENSEE'S SIG	NATURE Mo/Da/Yr

This sample form reflects the minimum requirements set forth in Arizona Administrative Code R4-34-101.3. and R4-34-303.A. regarding Agency Disclosure. This does not presume to include each and every law that could pertain to the individual needs of your company and/or clients. For such information, you should seek professional advice from a private source.

Dispute Resolution Notification

Many States have a consumer assistance or dispute resolution program that homeowners may use to resolve problems with manufacturers, retailers, or installers concerning defects in their manufactured homes that render part of the home unfit for its intended use. Such State programs may include a process to resolve a dispute among a manufacturer, a retailer, and an installer about who will correct the defect.

In States where there is not a dispute resolution program that meets the federal requirements, the HUD Manufactured Home Dispute Resolution Program will operate. These are "HUD-administered States." The HUD Manufactured Home Dispute Resolution Program is not for cosmetic or minor problems in the home. You may contact the HUD Manufactured Housing Program Office at (202) 708-6423 or (800) 927-2891, or visit the HUD website at www.hud.gov to determine whether your State has a State program or whether you should use the HUD Manufactured Home Dispute Resolution Program. Contact information for State programs is also available on the HUD website.

If your State has a State program, please contact the State for information about the program, how it operates, and what steps to take to request dispute resolution. When there is no State dispute resolution program, a homeowner may use the HUD Manufactured Home Dispute Resolution Program to resolve disputes among the manufacturer, retailer, and installer about responsibility for the correction or repair of defects in the manufactured home that were reported during the 1-year period starting on the date of installation. Even after the 1-year period, manufacturers have continuing responsibility to review certain problems that affect the intended use of the manufactured home or its parts, but for which correction may no longer be required under federal law.

BUYER'S NAME (please print)		
	A	
BUYER'S SIGNATURE		DATE

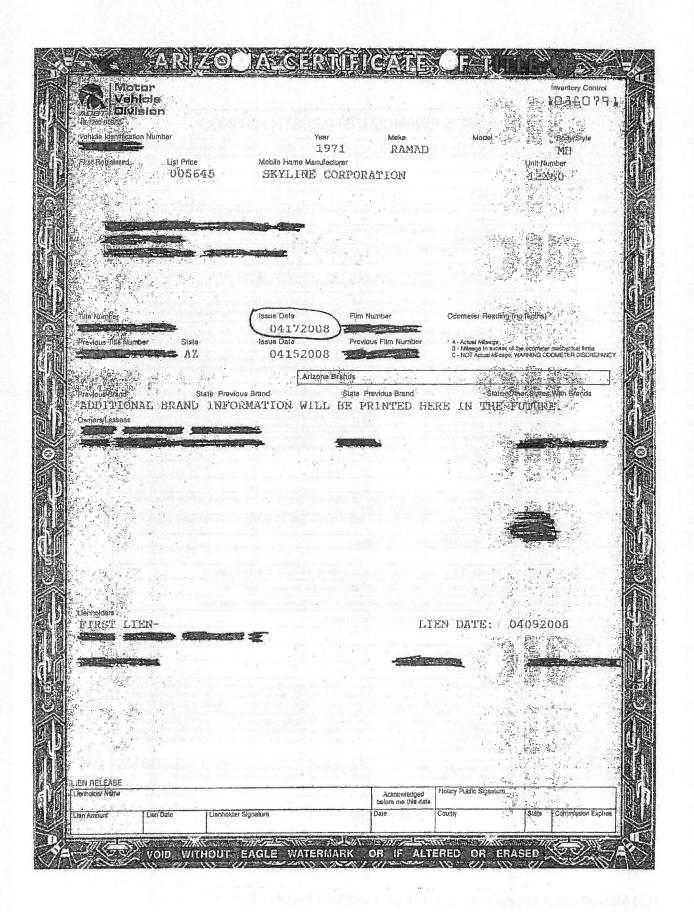


MOTOR YEMICLE DIVITOR E AND REGISTRATION APPLICATION SOUTHERST MESA OF WAR you sell your vehicle or otherwise transfer, ownership, or end your lease, pointed a Sold Notice at www.servicearizorra.com.

		INTIALS	774			
		Plate Number	Тар Милібяг	Chrit Number	Arizona Brand	neoreti yen der
	Vehicle Identification Number		Make REDMA	Body Style Year MH 1987	Arizona Brand	
	Previous Brenci/State	Previous Brand/State		Previous Brand/State	O250	er States With Brands
	First Registered Modes	ListPrice 009187	GVW F	oal Odometer Reading (no	lenths)	Mobile Home W/L
	BARRY A			Legal Status		Driver License or EIN
						Registration
	Control of the Contro					Expiration Date
				∢ Ma	vner Names illing Address	
	MESA	AZ B520	5-1335			
			i e			
	Residence Address of Owner or Lesses (If o	ifferent from Mailing Add	(C23)			
		_				
	Nome: .					Date:
Š	Driver Liconse or EIN;			Legal Status:		
牲	Malling Address.					
nfo	Name:					Cate:
100	Driver License or EIN:			Legal Status:		
Lipsiholder information	Mailing Address:					
100	Name:					Date:
-1	Driver Ucense or EIN:					
	Malling Address:					
	Mobile Home Manufocturer REDMAN HOMES		Vehicle/Mobile Homa I	ocation	50007	
1	Service Options Date Ve	Hole Acquired	7			
-			A	constructed or reconstructed		
				led without a driver (such as i		Fees
	i consent to the release of personal in					
	consent that applies unly to a specific in individuate or organizations for any purp	cosa, Uniti revoked by ma	in writing, Consent for a	vehicle record applies to till o	WITERS.	TTL 7.00
	I certify that the information above and a					
	free from liens, except those indicated s					
	in, or used to commute Into, Air Quality C					
	All Owners Sign Hore	of and alega fundaming the				
, i	1				00	
		a _ 2		()')/)	
2	I do hereby state that we hold this prope					
OR' Legal Status	the certificate of title by his or her signal			otherwise encumber the vehi	CH, OF THE STEEL SICEUSE	
120	plates and/or face in the same manner at Owners With "OR" Legal Status Also S		an acted still signed.			
3						
CR						m m
	Belch/De a Cifice Number:	Cat I Cano	eled Piale Number/Stats	/Apant		-
	467M 08072008 1386		2 Plates	7		
	New Title Number	L	srança Number	Type		
	467M008220003	122046		1 Aba	1100	2/11/1
	Prior Title Number		or Film Rationance Num		1180	3411
	467M008219034		219467M14	Mi		TOTAL

0206081343

7.90



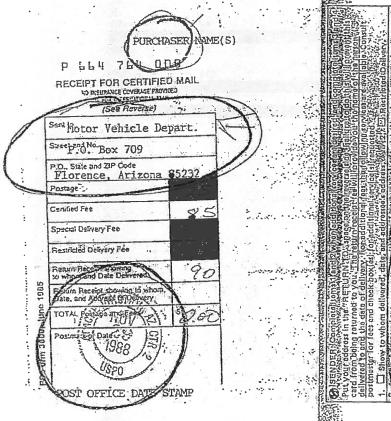
TRANSMITTAL AND AUDIT REPORT

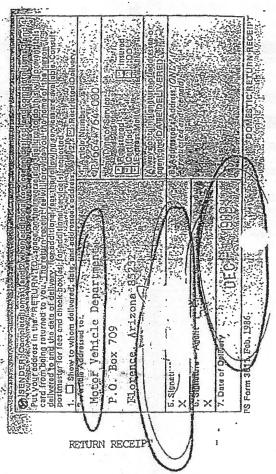
	and the same companies of the companies	The second secon		en ender en			The second secon				Owner Name		A	Company	Prapared By	
	enter (), the parameter and manager and parameters (), the parameters	entrangellen – e de de demokrate (s) – en generalista a propinsion () – e () , no e entrangel		er vilgering a primary valentingstress of the second secon	The manufacture of the control of th						Title No.	Addless		erine de la company consideration de la company de la comp		TRANSM
	to be described to the second		And the state of t	,	A state of the sta						TRP No.		Contact Name		YAU.	ITTAL AF
Date: 1 2 2 2 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2	MOTOR VEHICLE DIVISION			And the conference of the control of	- Characteristics department and the control of the		report that the property and the property and the property and the property of	And the second s			Vehicle ID No.				MVD County	TRANSMITTAL AND AUDIT REPORT
60 CK2. A2C	NOISIV		habi		mande un present a de cale de	h361		man i der de la compressión de	1983	1983	Year	PESCE				
									CAL .	3	Plate No.	TT, A2		Date 1/-		Ō
			7.00			7.00	The state of the s		7.00	7.00	Amount Paid	Dealer (16 No		1-07		

AFTER RECORDING RETURN TO:

Ana Waysen-Trujillo, Responder
OFFICIAL RECORDS OF YEMPHEL COUNTY
ORIGES TITLE RESERVY
ROSF
14.98

1951 W. Camelbuck R.A. Saide 101 Photoly, AZ 25015	Page: 1-07-2
THIS AREA	RESERVED FOR COUNTY RECORDER
Al	FFIDAVIT OF AFFIXTURE
	TONS ON NEXT PAGE BEFORE COMPLETING
he legal description of the real property located in	Value note County,
fizons, to which the mobile home has been affixed i	in:
sessor's Parcel#: Ecok : Map : Map	Parcel Check if mobile home is in Mobile Home Park:
PF	ROPERDY, TAXATION SECTION
is mode its in the first in the	ways only semonated or raxed its Authorite as personal property.
previously assessed and taxed, give the account in	Amber 5 % at
mind ever directors on horsestal in amount man 1998/1997	ROPERTY, DOCATION SECTION REPORT REPORT OF THE PROPERTY OF TH
	Location of
treet Address	
ty surface for	State Type ZP
rice Complete Name (Sular)	Print Complete Hague (Burver or Dygler)
Abrient Address	Current Address S
Signature	Some
The second of	
Sonatura	Sprature 5 2
his afficial forward and done broader are a few affine	n) that the foregoing is a true and correct statement. Subscribed and awom to
	CT BOOK
efore me this day of	higust , 2000x,
1' mar	My commission expires: 3-10-10
lobry Public	
ADOT RECEIPT FOR	R SURRENDERED MOBILE HOME DOCUMENTS
esr 2008 Make Schout	Manufacturer Conff Manufacturing west
	C57 Vin Number
at Price \$ r9, 12, Stee 10 X	
	Vin Number
nat Price \$ 19 12 52s 10 X MSO Number(s) Title Number(s)	Film Number(s) Vin Number
MSO Number(s) Title Number(s)	
	Film Number(s) Vin Number Vin Number
MSO Number(s) Title Number(s)	Flm Number(s)
MSO Number(s) Title Number(s)	Film Number(s) Vin Number Vin Number
MSO Number(s) Title Number(s)	Flm Number(s)
MSO Number(s) Title Number(s)	Flm Number(s)
MSO Number(s) Title Number(s) 4000 Henholder Name	Flm Number(s)
MSO Number(s) Title Number(s) 4 300 ienholder Name ienholder Address ienholder Name	Flm Number(s)
MSO Number(s) Title Number(s) 4000 Henholder Name	Film Number(s) Vin Number Vin Number Dates Documenta Issued
MSO Number(s) Title Number(s) 4 300 ienholder Name ienholder Address ienholder Name	Plin Number(s) Vin Number Vin Number O-11-2008 Dates Documenta Issued Date: Sept 10/72





n additional grapped of the COOL recovered by the COOL मामाजनात मा होताना प्रदेश एवं विकास with office. differed pair think splits Burnin his fambidax Hrett wi Strong Address CHAIL . Feld the times I treesfood contined in the Level of the Aug. Ness, in addition, on orphineston the 1st to the Chail Chili, pethografic pictors. Ertilomente AMU ADDHBOD is continuad on next page:

. Slois

Pasisvzip Codo

Country

Configuration (DeliveryTree)

00 inno un co.o.o The Patent August

LI CONT TAU

Olitar Information

l'aini isgenages (Yotal Call-1999; No. of foges

Part 2 · Cur

эг Сору

Heleronse Humber (Optional)

Collect utting Collect I and verty

Account to.

C Ollier

Jos heaman

Canadard to

in Day Bolte! PAN AND PIECE

Briesoko 7

Delivery
Coellimation
Coellimation
Coellimation
Coellimation
Coellination
Coellinat

L. Wolghi

EB

÷

Il Game, Ideik +

Provious Entry

Will thay Alt /

Weight

3(0)

91010

PusinVZIP Code

Country

. Millo 1

C (DollyeryTrae)

00.

United High John

1-3rd Party

d folder the fundance for .111 . da pr 13511. on the Little, Tay all salled for C.O.D. 1 nd outers or per med bil entern

Pachugas; ration, Delivery.

differ to the set of the set C. Selet 'Him Sounding Verying &contilly age and the property fact illed chad: money Appropriate our spension Of title sen senting brown Har Soft 1111 1 1 1 1 1 orly by purport for Social they will the Say थीं विमें वर्ग विमा

नंत क्षेत्रसारकार का क्षेत्र Paladiperson of a pitter unucal Arra 199 Motor Vehicle Division Phoeptx [AZ-1.85007 ... PURCHASER NAME (S) ի Plaks Print Full Nama and Addross for Kaoh Nama Likpoliy (ուռ: Addross Labels on Pagkapos, ma and Address Compan Name and Addrage を見る .01 Disto Il Boine, Mark ++ Il Bamo, black -+ PostaVZIP Godo 4 ZIP Grdo Provious Entry Previous finity Banto Address E 3 J Country Country THOM Exprass C Giller Trace Consideration of Control of Contr Slandard to Li Standard to WW Hxpedies LI WIN BAHADA E diller D S Day Solve! Collegial Line La Day Solest A WW Expedied WW Jixpioso Slippion Dala BOLADE Sold Signature Number Overskey

Oversk 00 ' ' ' 00 Doctored Vidva OC : Octored Velve Weight Oxigino ... Weigh Wolghi Drotalis Information Caller Confirmation
Confirmatio To balkery Gosiling,
La Salunday Delivery
La Adultioned
Li Hondling
Li Hondling
Li Hondling
Li Golf Top
Li Oblor
Li Schwider Delivery
Li Salunday Delivery
L Delivery Ordiffice

Saturday Delivery

Saturday Delivery

Saturday Delivery

Collect utiling Collect/Ord Faity

Acquired

Therefore

Acquired

Therefore

Therefore

Saturday Delivery

Saturday

Sa 3 Late Chain La Continuition Addillonni . Shipping Wilson Using a Different Tracking Label Silok Necolpi : Aberlien of That Label Solow, Covering Philiad Number : Collect Ollung Office distoration Heterence HumbertOpilenell Card Party Collect Dilling Collect J Old Maily Collegi / 3id Pally ...cogunillo. HEAL DAY AND MINE WAS LIKELY Transition Buildebit Appount Ha. Adgount He.

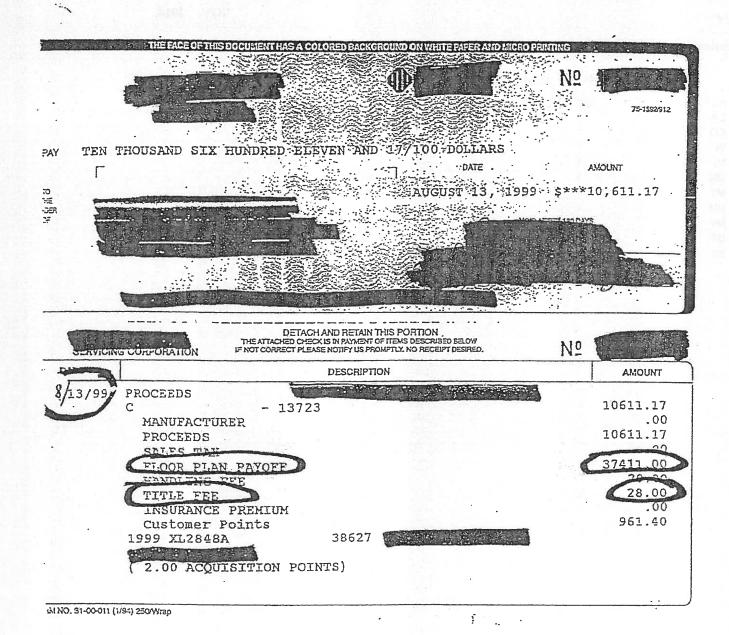
BUYER'S ACCEPTANCE FORM

Your Dealership Name Your Address		License Number:
Your Town, AZ 85007		DATE
I/We,		
have purchased the manufactured h		
I/We acknowledge that I/we have re	eceived possession of the	manufactured home.
MANUFACTURER SIZES		
MODELS	SERIAL NUMBER	
NOTE: PLEASE X THE LINE TH	IAT IS APPLICABLE	
I/We also acknowledge that:		
I/We have received a properly myself/ourselves.	y signed off title and will	apply for title transfer
The Retailer/Broker is makin	g application for title.	
The Retailer/Broker is filing	for the Affidavit of Affix	ture.
I/We have received the prope	rly signed off Manufactu	rer's Certificate(s) of Origin.
Title is being transfer by the l	ien holder (purchaser arr	anged financing), who is
		Total
Dealer Representative	Buyer	Date
	Buyer	Date

THIS DOCUMENT MUST BE COMPLETED IN ITS ENTIRETY. IT MUST BE EXECUTED AT THE CLOSE OF THE SALE AND MUST BE SIGNED AND DATED IN THE BUYERS' OWN HANDWRITING. ONE CHOICE MUST BE INDICATED IN THE SECTION REGARDING HOW TRANSFER OF TITLE IS TO BE ACCOMPLISHED. THIS FORM MAY BE USED AS A RECEIPT FOR TITLE(S)/MCO(S) WHEN PURCHASER IS GIVEN THE TITLE(S) OR MCO(S) DIRECTLY OR ON A CASH SALE ONLY. DEALER IS TO RETAIN SUPPORTING EVIDENCE THAT TITLE/AFFIDAVIT OF AFFIXTURE HAS BEEN APPLIED FOR ON BEHALF OF THE PURCHASER(S) IF THIS FORM IS MARKED TO INDICATE THAT THE DEALER HAS TAKEN RESPONSIBILITY FOR DOING SAME.

The purchased unit, a	(vear).	(manufa	acturer)
Serial number	(3),	, is the type of factory-bui	It huilding
		Manufacturer's Statement of	5
Origin/Manufacturer's Cer			
Ι,		_, the Seller (owner/retailer),, received from	in
consideration of the sum of	\$, received from	
the Buyer, on the	day of	,(month)	(year),
hereby sell to the Buyer, the	e unit described ab	ove and warrant that right to	nocceccion
		ovo, and warrant and right to	possession
and right to sell the vehicle	are vested in the S	eller.	possession
and right to sell the vehicle	are vested in the S	celler.	possession
	are vested in the S	coo, and warrant that right to	possession
and right to sell the vehicle Seller's Signature	are vested in the S	beller. Date	
	are vested in the S	eller.	- 105151
Seller's Signature	are vested in the S	Date	er indese
Seller's Signature I,	are vested in the S	Date	er indese
Seller's Signature I,	are vested in the S	Date	er indese
Seller's Signature	are vested in the S	Date	er indese
Seller's Signature I,	are vested in the S	Date	er indese

			है है कि कर्जन		(Funder	28-1
SELE	. 10			A Mark Age 3		
				le manus de la company		
ASSIG	NEE-E-MARKET SEE					115,
		FEDERA) TOUTHINGS	NOING ACT	DISCLOSURES	
1	NUAL	FINANCE	Amount		Total of Payments	Total 5
	CENTAGERATE	CHARGE	Financed		Title amount I will have	(Its limit of
	cet of any credit se a	The faller account the			peldation i bevannade all prypecte as echeculad	my form
jannj	nte)	क्षिण हो हो है।		***		\$
<u></u>	22.40 %	The state of the s	5 480	a_17	\$ 164772.00	\$
- MY D	Eymant schedule will b					
-	Number of Payer 350	ients 1	Amount	of Payments		yments Ar
	201			457.70	Monthly beginning	
	men de la			A CONTRACTOR	9-1	5-90
SECTI	RITY: I am giving a se	m wires interes as in				
· Y	The goods or proper	ne holes such	ad N/A Banta	doorne la santa	A N/A	
ETI HAU	Time Rooms or broder	ry neuro purchasi	su. real pr	operty tocates	_ days late, I will be charge	I. E. Dr
	payment, whichever			NIC LINE	- neka ere' i war de custăt	
DOCK!	PERSONAL VALUE OF THE PROPERTY OF THE PERSON NAMED AND PARTY OF TH	-		E Comment		
PREP	AYMENT: If I pay off e	arly, I will not be	charged a prepayn	entpenalty.		
ASSL	IMPTION: Someone bu	nation was poure to	nay, subject to con	ditions, be alloy	wed to assume the remain	der of the (
Ongra	zi terms.					
the zo	heduled date, and pre	cusiow tor 2ny 2	surconsi informatio s and penalties.	N Sport noubs.	yment, default, any require	d repayme
	TEMIZATION OF	THE AMOUNT	FINANCED		PHYSICAL DAMAGE	
	sh Sale Price			Physical D	silupas el adresuzed agame	ed but I ma
Und	cluding Taxes of)	2257.30	\$ 53363.3	c znyonal w	cant that is acceptable to	you. If I ge
	oss Trade-in			- checked b	slow from you or through	you; I will !
	se Amount Gwed on Trade in s	.01	S. DUNE SEE SIMI	1 .00	for Insurance protect	tion for a .
12			-	11	wantenes bunger	الم 22 لقيام هنديم
La M	et Trade-in	.01		HVA C-	mneehenene te .00	of artes
N	et Trade-it	10.		N/A Com	nprehensive (5 .00	deduc
N D	et Trade-51	.01		NA Find	ođ	deduc
D. Ye	et Trade-5:	S .01		N/A Fixo	od Wity	ésduc
D Y 3. Cas	et Trade-is	Size 00 X 00 5 5341.13		NA Liza	od Mry St	deduc
N D Y 3. Cas 4. Tos	et Trade-it	Size 00 x 00 5 5341.13	-\$ <u>5341.1</u>	N/A Floo N/A Liab N/A Ost: N/A Ven	od uity er dor's Single Interest	
N. D. Y. 3. Ca: 4. To: 5. Un;	et Trade-in ascription; Make ear 6000 is the Down Payment and Down Payment and Balance of Cash S	Size 00 X 00 5 5341.13	-\$ 5341.1 .+s 48022.1	N/A Fiod N/A Liab N/A Dit. N/A Ven	od Wry er dor's Single Interest OPTIONAL CREE	OIT LIFE
No. D. Y. 3. Cas 4. To: 5. Un: 6. Pale	et Trade-5: ascrption; Make ezr 0000 sh Down Payment zal Down Payment zal Balance of Cash S it to Public Officials	Size 00 X 00 5 5341.13 sale Price (1 - 4)	-\$ 5341.1 +\$ 48022.1 +\$ 28.0	MVA Fixed NVA Liab NVA Ven	od uity er dor's Single Interest	OIT LIFE
No. 2013. Cast 4. Tot 5. Uns. 6. Pake 7. Pake	et Trade-in assurption; Make ser coord is hown Payment and Belance of Cash Sid to Public Officials is to Insurance Compar	Size	-\$ 5341.1 +\$ 48022.1 +\$ 28.0 +\$.0	MVA Fiod NVA Liab NVA Dita NVA Ven	od Wry er dor's Single Interest OPTIONAL CREC AND DISABILITY IN	DIT LIFE
Ni Di Yi 3. Cas 4. Tor 5. Unpp 6. Pale 7. Pale 8. Pale	et Trade-9: ascrption; Make ezr	Size	-\$ 5341.1 +\$ 48022.1 +\$ 26.0 +\$ 26.0	M/A Floc N/A Liab N/A Out. N/A Ven	od Mity er dor's Single Interest OPTIONAL CREE AND DISABILITY IN and Disability Insurance a will not be provided unless.	OIT LIFE ISURANCE ERE NOT FEE
Ni Di Yi 3. Cas 4. Tot 5. Uncc 6. Pak 7. Pak 8. Pak 9. a. F	et Trade-it: ascription; Make esr doot sh Down Payment said Balance of Cash S d to Public Officials d to Angraiser.	Size 00 X 00 5 5351.13 sale Price (1 - 4) Ties	-\$ 5341.1 +\$ 48022.1 +\$ 28.0 +\$.0 +\$.0	N/A Floc N/A Usis N/A Out. N/A Ven N/A Ven To Credit Life tredit and validational of	od Mity er_ dor's Single Interest OPTIONAL CREE AND DISABILITY IN and Disability Insurance a will not be provided unless idst.	DIT LIFE ISURANC are not rec I sign and t
Ni Di Yi 3. Cas 4. Toi 5. Uni 6. Pak 7. Pak 8. Pak 9. a. F b. F	et Trade-in assumption; Make esurption; Make esurption; Make esurption; Make esurption; Sh Down Payment esuid Balance of Cash S of to Public Officials of to Insurance Compard to Appraiser.	Size 00 X 00 5 5341.13 Sale Price (1 - 4) Ties	-\$ 5341.1 +\$ 48022.1 +\$ 26.0 +\$ 26.0 +\$.0 +\$.0	NA Floc NA Liab NA Out NA Ven To Credit Life tredit and validational of additional of the term of the	od Mity er dor's Single Interest OPTIONAL CREE AND DISABILITY IN and Disability Insurance a will not be provided unless.	DIT LIFE ISURANC are not rec I sign and t
Ni Di Yi 3. Cas 4. Toi 5. Ung 6. Pak 7. Pak 8. Pai 8. a. F b. F c. F	et Trade-it: escription; Make escription; Make escription; Make escription; Make escription; Make escription; Make escription escription; Make escr	Size 00 X 00 5351.13 Sale Price (1 - 4) Ties	-\$ 5341.1 +3 48022.1 +5 28.0 +\$ 28.0 +\$.0 +\$.0 +\$.0	M/A Floor N/A Liab H/A Ott. N/A Ven To Credit Life credit and v additional of The term of	od inty sr dor's Single Interest OPTIONAL CREE AND DISABILITY IN and Disability Insurance and not be provided unless, tiest. titls haurance is 00	DIT LIFE ISURANC are not rec I sign and t
Ni D Yi 3. Cas 4. Toi 5. Ung 6. Pak 7. Pak 8. Pai 8. Pai 9. a. F c. F d. F	et Trade-in assumption; Make assumption; Make assumption; Make assumption; Make assumption in the state of the state assumption in the state as a state assumption in the stat	Size 00 X 00 5351.13 Sale Price (1 - 4) Ties	-\$ 5341.1 +3 48022.1 +5 26.0 +5 26.0 +8 .0 +3 20.0 +8 .0	M/A Floor N/A Liab H/A Ott. N/A Ven To Credit Life credit and sadditional of The term of N/A Single	of Mity sr dor's Single Interest OPTIONAL CHEC AND DISABILITY IN and Disability Insurance and provided unless, into he provided unless, finis haurance is 00 c Credit Life Insurance	DIT LIFE ISURANC are not rec I sign and t
Ni D Yi 3. Cas 4. Toi 5. Ung 6. Pali 7. Pali 8. Pair 9. a. F c. F d. F e. F	et Trade-it: ascription; Make eer 0000 sh Down Payment 12 said Balance of Cash S d to Public Officials d to Insurance Compar and to laid to	Size 00 X 00 5 5341.13 Sale Price (1 - 4) Ties	-\$ 5341.1 +3 48022.1 +5 28.0 +\$.0 +\$.0 +\$.9 +\$.0 +\$.0 +\$.0 +\$.0	MVA Floor NVA Liab NVA Ott. NVA Ven Credit Life tredit and v additional of The term of NVA Single NVA Joint	od Mity SI GOT Single Interest OPTIONAL CREE AND DISABILITY IN and Disability Insurance and not be provided unless cast. f this insurance is 00 e Credit Ufe insurance Credit Ufe insurance	DIT LIFE ISURANC Ere not rec I sign and a Years
No. D. You St. F. Paker St. F. P. d. F. e. F. e. F. f. P. f. P. f. P. e. F. f. P. f. f. P. f. P. f. P. f. f. P. f. f. P. f. f. P. f. P. f. P. f. P. f. P. f. P. f.	et Trade-Fr. ascription; Make eer 0000 sh Down Payment said Balance of Cash S d to Public Officials d to Insurance Compar l to Appraiser aid to balance of the compar laid to balance of the compar l	Size 00 X 00 5 5341.13 Sale Price (1 - 4) Ties	-\$ 5341.1 +3 48022.1 +5 28.0 +\$.0 +\$.0 +\$.9 +\$.0 +\$.0 +\$.0	M/A Floor N/A Liab N/A Ott. N/A Ven Credit Life tredit and v additional of The term of N/A Single N/A Single	of Mity sr dor's Single Interest OPTIONAL CHEC AND DISABILITY IN and Disability Insurance and provided unless, into he provided unless, finis haurance is 00 c Credit Life Insurance	DIT LIFE ISURANC Ere not rec I sign and a Years
No. D. Y. S. Cas. A. Tor. S. Uns. S. Pake F. Pake S. F. F. C. F. d. F. c. F. d. F. c. F. g. F. g	et Trade-it: ascrption; Make esr doot th Down Payment tal Down Payment tal Balance of Cash S d to Public Officials d to Insurance Compar I to Appraiser Taid to	Size 00 X 00 S 5351.13 Sale Price (1 - 4) Ties FOR POINTS	-\$ 5341.1 +3 48022.1 +5 26.0 +5 .0 +5 .0 +5 .0 +5 .0 +8 .0 +5 .0 +5 .0 +5 .0	M/A Floor N/A Liab H/A Ott. N/A Ven Credit Life tredit and v additional of The term of N/A Single N/A Single	od Mity SI GOT Single Interest OPTIONAL CREE AND DISABILITY IN and Disability Insurance and not be provided unless cast. f this insurance is 00 e Credit Ufe insurance Credit Ufe insurance	DIT LIFE ISURANC Ere not rec I sign and a Years
No. 2013 3. Cass 4. Tot 5. Unc. 6. Pake 7. Pake 9. a. F 6.	et Trade-Fr. ascription; Make eer 0000 sh Down Payment said Balance of Cash S d to Public Officials d to Insurance Compar l to Appraiser aid to balance of the compar laid to balance of the compar l	Size 00 X 00 S 5351.13 Sale Price (1 - 4) Ties FOR POINTS	-\$ 5341.1 +3 43022.1 +5 26.0 +3 0 +5 .0 +5 .0 +8 .0 +8 .0 +5 .0 +5 .0 +5 .0 +5 .0 +5 .0	N/A Floor N/A Liab N/A Ott. N/A Ven Credit Life tredit and validitional of The term of N/A Single N/A Single	od Mity sr dor's Single Interest OPTIONAL CHEC AND DISABILITY IN and Disability Insurance of this insurance is of this insurance is c Credit Life Insurance c Credit Life Insurance c Credit Life Insurance c Credit Life Insurance	DIT LIFE ISURANC Ere not rec I sign and a Years
No. 23. Cass 4. Tot 5. Uns. 6. Pale 7. Pale 8. Pain 9. a. F c. F c. F c. F f. F g. F 10. Pri. 11. Pre	et Trade-it: ascription; Make esr doot sh Down Payment said Balance of Cash S d to Public Officials d to Insurance Compar d to Appraiser. said to sa	Size	-\$ 5341.1 +3 43022.1 +5 26.0 +5 .0 +5 .0 +5 .0 +8 .0 +5 .0 +5 .0 +5 .0 +5 .0 +5 .0 +5 .0 +5 .0	N/A Floor N/A Liab N/A Ott. N/A Ven Cracfit Life Cracfit	od Mity er dor's Single Interest OPTIONAL CREE AND DISABILITY IN and Disability Insurance riff not be provided unless dist. f this insurance is 00 e Credit Life insurance c Credit Life insurance e Credit Disability Insurance Total	DIT LIFE ISURANC Ere not rec I sign and t Years
No. 23. Cass 4. Tot 5. Uns. 6. Pale 7. Pale 8. Pain 9. a. F c. F c. F c. F f. F g. F 10. Pri. 11. Pre	et Trade-it: ascrption; Make esr doot th Down Payment tal Down Payment tal Balance of Cash S d to Public Officials d to Insurance Compar I to Appraiser Taid to	Size	-\$ 5341.1 +3 43022.1 +5 26.0 +5 .0 +5 .0 +5 .0 +8 .0 +5 .0 +5 .0 +5 .0 +5 .0 +5 .0 +5 .0 +5 .0	N/A Floor N/A Liab N/A Ott. N/A Ven Cracfit Life Cracfit	od Mity sr dor's Single Interest OPTIONAL CHEC AND DISABILITY IN and Disability Insurance of this insurance is of this insurance is c Credit Life Insurance c Credit Life Insurance c Credit Life Insurance c Credit Life Insurance	DIT LIFE ISURANC Ere not rec I sign and t Years
No. 23. Cass 4. Tot 5. Uns. 6. Pale 7. Pale 8. Pain 9. a. F c. F c. F c. F f. F g. F 10. Pri. 11. Pre	et Trade-it: ascription; Make esr doot sh Down Payment said Balance of Cash S d to Public Officials d to Insurance Compar d to Appraiser. said to sa	Size 00 X 00 Size 00 X 00 Size 00 X 00 Size 5341.13 Size Price (1 - 4) FOR POINTS FOR POINTS FOR POINTS	-\$ 5341.7 +\$ 48022.1 +\$ 28.0 +\$ 28.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 -\$	M/A Floor N/A Liab N/A Ott. N/A Ven Credit Life redit and redit and redit and redit and redit Alfa	of Mity ar dor's Single Interest OPTIONAL CHEC AND DISABILITY IN and Disability Insurance of this insurance is of this insurance is credit Life insurance credit Life insurance credit Life insurance credit Disability Insurance credit Disability Insurance Total Total	DIT LIFE ISURANC Ere not rec I sign and a Years
Ni D Yi S Cas A Ca	et Trade-Fr. ascription; Make eer 0000 5 sh Down Payment 5 stal Down Payment 5 stal Balance of Cash S d to Insurance Compar and to Insurance Compar and to Payment 6 stal to Description 6 stal to De	Size 00 X 00 5 5351.13 Sale Price (1 - 4) Tiles	-\$ 5341.1 +\$ 48022.1 +\$ 26.0 +\$ 26.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 TRACT AND S	M/A Floor N/A Liab H/A Ott. N/A Ven Credit Life credit and val additional of The term of N/A Single N/A Single Signature of ECURITY AG	of Mity ar dor's Single Interest OPTIONAL CREE AND DISABILITY IN and Disability Insurance and not be provided unless. fithis Insurance Is 00 e Credit Life Insurance credit Life Insurance e Credit Disability Insurance foreit Disability Insurance Total Total Buyar(s) Insured	DIT LIFE ISURANC ere not rec I sign and t years \$ \$ e \$ • \$ • • • • • • • • • • •
Ni Di Yili Si Casa Si	et Trade-Fr. ascription; Make eer 0000 5 sh Down Payment 5 stal Down Payment 5 stal Balance of Cash S d to Insurance Compar and to Insurance Compar and to Payment 6 stal to Description 6 stal to De	Size 00 X 00 5 5351.13 Sale Price (1 - 4) Tiles	-\$ 5341.1 +\$ 48022.1 +\$ 26.0 +\$ 26.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 TRACT AND S	M/A Floor N/A Liab H/A Ott. N/A Ven Credit Life tredit and val additional of The term of N/A Single N/A Single Signature of ECURITY AG	of Mity ar dor's Single Interest OPTIONAL CREE AND DISABILITY IN and Disability Insurance and not be provided unless. fithis Insurance Is 00 e Credit Life Insurance credit Life Insurance e Credit Disability Insurance foreit Disability Insurance Total Total Buyar(s) Insured	DIT LIFE ISURANC ere not rec I sign and t years \$ \$ e \$ • \$ • • • • • • • • • • •
Ni D. Yi Yi Yi Ya Za	et Trade-it: ascription; Make ear dood sh Down Payment stal Down Payment said Balance of Cash S d to Public Officials d to Insurance Compar I to Appraiser aid to said to sai	Size 00 X 00 5 5351.13 Sale Price (1 - 4) Tiles	-\$ 5341.1 +3 48022.1 +5 28.0 +\$ 28.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 #\$.0 #\$.	M/A Floor N/A Liab H/A Ott. N/A Ven To Credit Life redit and v stdirional of A/A Single N/A Single N/A Single N/A Single Signature of EDURITY AG Your means the	of Mity ar dor's Single Interest OPTIONAL CHEC AND DISABILITY IN and Disability Insurance of this insurance is of this insurance is credit Life insurance credit Life insurance credit Life insurance credit Disability Insurance credit Disability Insurance Total Total	DIT LIFE ISURANC ere not rec I sign and t years \$ \$ e \$ • \$ • • • • • • • • • • •
Ni D Yi A San Casa Sa	et Trade-F: ascription; Make eer 0000 sh Down Payment said Balance of Cash S d to Public Officials aid to Public Offic	Size 00 X 00 Size 00 X 00 Size 00 X 00 Size 1351.13 Sale Price (1 - 4) FOR POTATS FOR	-\$ 5341.1 +\$ 48022.1 +\$ 28.0 +\$ 26.0 +\$ 20.0 +\$ 20.0 +\$ 20.0 +\$ 20.0 +\$ 20.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 +\$ 30.0 -	M/A Floor N/A Liab H/A Ott. N/A Ven Credit Life tredit and val additional of The term of N/A Single N/A Single N/A Single Signature of ECURITY AG Your means the used home and tand Security trans Home	of Mity ar dor's Single Interest OPTIONAL CREE AND DISABILITY IN and Disability Insurance and not be provided unless out not be provided unless talls Insurance Is 00 e Credit Life Insurance c Credit Life Insurance e Credit Life Insurance are the Disability Insurance Total Total Total Telement e Seller and also the Assi arry other property desori Agreement	DIT LIFE ISURANC are not rec I sign and a years \$ a \$ a \$ grice lafter bed below
Ni Di Yi Ai	et Trade-F: ascription; Make eer 0000 sh Down Payment said Balance of Cash S d to Public Officials aid to Public Offic	Size 00 X 00 Size 00 X 00 Size 00 X 00 Size 1351.13 Sale Price (1 - 4) FOR POTATS FOR	-\$ 5341.1 +3 48022.1 +5 28.0 +\$ 28.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 +\$.0 #\$.0 #\$.	M/A Floor N/A Liab H/A Ott. N/A Ven The term of additional of the term of the	of Mity ar dor's Single Interest OPTIONAL CREE AND DISABILITY IN and Disability Insurance and not be provided unless. fithis Insurance Is 00 e Credit Life Insurance credit Life Insurance e Credit Disability Insurance foreit Disability Insurance Total Total Buyar(s) Insured	DIT LIFE ISURANC ere not rec I sign and a Years \$ 8 8 8 8 8



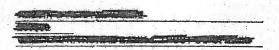


Manufactured Housing Distribution Worksheet

CENTRAL NATIONAL BANK & TRUST CO OF ENID

PURCHASER ADDRESS FLAGSTAFF, AZ 86004

CUST NAME TRIAD ACCT # LENDER



CONTRACT DATE 05/31/08
FIRST PAYMENT 06/30/08
PUNDING DATE 06/03/08

LOAN ITEMIZATION		FUNDS DISTRIBUTION		
Selling Price	\$54,768.00	Proceeds to:	\$20,662.29	
Sales Tax	\$2,361.29			
Title & Prep	\$7.00	FLAGSTAFF, AZ 86004		
Insurance	\$0.00	Proceeds to: (Floor Plnr)	\$33,567.00	
Triad Insurance	NO	TEXTRON		
Extended Warranty	\$0.00			
Triad Home Warranty	NO_			
Flood Certification	\$0.00	Insurance	\$0,00	
		Triad Insurance	NO	
Down Payment	\$2,900.00	DOC Stamps	\$0.00	
, a	E Company	(Title & Prep AZ MOTOR VEH DIV	\$7.00)
DOC Stamps	\$0.00	Home Buyers Warranty	\$0.00	_
		Triad Home Warranty	NO	
Amount To Finance	554,236.29	Flood To: Geotrac	\$0.00	
Flood Life Of Loan	\$15.00	Total Fees:	\$7.00	
Doc Prep Fee	\$199.00	Grand Total	\$54,236.29	
BANK FEE	\$100.00	\$200,00 SPIFF TO DEALER	HALL KE SHELL	
Note Amount	154,550.29			
Mountain territoria	5	AB		

Serving The Manufactured Home Industry Since 1959
4225 Pablo Cake Court - Jacksonville, FL 32224 (904) 223-1111 (904) 223-5847 FAX

A U.S. DEPARTMENT OF HOUSING AND URBANDEVELOPMENT SETTLEMENT STATEMENT	4448	8 TYPE OF LOAN 1. FHA 2 FMHA 3.	OMB No. 2502-025
Transnation Title Insurance Company	100000	4. VA S. CONV. INS.	
1750 S Railroad Springs Blvd Suite 9	6 E	SCROW FILE NUMBER: 7. LOAN	NUMBER:
lanstaff, AZ 86001	5	ONTO COT MINISTER CO.	
FINAL	0. N	ORTGAGE INSURANCE CASE NUMBER	
Norse. This form is turnished to give you a statement of actual set tems marked "(P.O.C.)" were paid outside the closing: they are sh	tiement costs. Amounte	paid to and by the sotherners agent are shown.	
terns marked 'QP' G.C.)" were paid outside the closing: They are shi D. NAME OF BORROWER.	own here for information	of purposes and are not included in the totals	
D. NAME OF BORROWER.			
	(0)		
100000000000000000000000000000000000000			
ADDRESS OF BORROWER: Flagstaff, AZ 86004	2		
NAME OF SELLER.		The state of the s	
		man and the second	
ADDRESS OF SELLER:			
ADVISOR OF GENERAL			
NAME OF LENDER: American General F.		And the state of t	
ADDRESS OF LENDER: 1750 S. Rallroad Spr	ings Blvd 2,	A John St.	
Flagstaff, AZ 86001 PROPERTY LOCATION:		The same of the sa	
The second secon		Tarak Commence of the Commence	
Coconino 4	9	State of the state	
SETTLEMENT AGENT: Transpation Tifle	Insurance Compan		45
PLACE OF SETTLEMENT: 1758 S Baikoad !	Insurance Compan	y 9; Flagstaff, AZ 86001	
SETTLEMENT DATE: 11/24/2008	Spinias Divo, Conc	PROPATION DATE 11/24/2006 FUNDING DATE	11/28/2006
SUMMARY OF BORROWS TO THE CTIO		K. SUMMARY OF SELLER'S TRANSACTION	11/20/2000
of Gross Amount Que From Borrower 35 (8)		400 Gross Amount Due To Sellers	ENGRAPH.
11. Contract Sales Price	TO THE RESERVE OF	401. Contract Sales Price	- An old alkerson
2. Personal Property:		402. Personal Property :	
03. Settlement charges to Borrower (line 1403)	61,644,91	403.	
04. Payoff to National Bank of Ari	64,288.04	404.	
O5 Adjustments For items Paid By Seller In Advance:		405.	
G6. City/Town Taxes		Adjustments For Kerns Paid By Seller In Advance: 408. City/Town Taxes	
07. County Taxes	T	407. County Taxes	
08. Assesaments :		408. Assessments	THE AND IN THE PARTY SHOWING MAKES ARE THE
09.		409:	
10.		410.	
11.		611,	
13.		413.	
14.		414.	
15.		415.	
20. Gross Amount Due from borrower:	125,932,95	420. Gross Amouni Due to Seller	0,
005 Amounts Paid by or in behalf of Borrower	TATAL	2500: Reductions in Amount Die To Seller	N. F. Fatt
01. Deposit or earnest money		501. Excess deposit (see instructions)	A STATE OF THE STA
12. Principal amount of new loan(s)	125,932,95	502. Settlement charges to Seller (line 1400)	0.
33. Existing loan(s) taken subject to		503. Existing loan(s) taken subject to	
04. Cash Payment & Closing Costs 15.	·	504. Payoff of first mortgage loan 505. Payoff of second mortgage loan	
)Ö.		506.	
07	· · · · · · · · · · · · · · · · · · ·	507.	
je.		-508.	
09		509.	
Adjustments For Items Unpaid By Seller:	4:	Adjustments For Items Unpaid By Selfer:	
10. City/Town Taxes	·	510. City/Town Taxes 511. County Taxes	
11. County Taxes 12. Assessments		512. Assessments	
13.	11:	513.	174 - 10
14.		514.	
15.		515	
16.		516.	
17.	4-4-6-5-	517.	
19.	ļ	518.	on-registrates) security of streets and the streets
20. Total Paid By/For Borrower	125,932.95	520. Total Reductions In Amount Due Seller	0.0
00. Cash at Seltlement from/to Borrower, a 37		500. Cash at Settlement to/from Seller /	
01. Gross amount due from Borrower (line 120)	125,932.95	601 Gross amount due to Seller (ane 420)	0.1
92. Less amount paid by/for Sorrower (line 220)	125,932.95		0.0
103, Cash FROM/TO Borrows;	0.00	803. Cash TO/FROM Seller:	0.3

Tale (E)

Based on Price S @ %=	Paid from	Paid from
Division of Commission (line 700) follows:	Borrower's :	Sellers
701. S to	Funds at	Funds at Settlement
702.\$ 10	Janenion	Serionsen
\$ 10		
703. Commission paid at settlement 704	*	-
800. Items Payable in Connection With Loan		
801 Loan Origination Fee	والمناب والمساورة	·
802. Loan Discount Fee % to American General Finance	3,500.00	
803. Appraisal Fee to Action Apraisal	400.00	
804 Credil Report		
805. Lenders inspection Fee		
906. Mortgage insurance Application Fee		
807. Assumption Fee		
608. Tax Service Fee to ZC Sterling	59.00	etrojem kompojem novojem understella u drama.
809. Customer Insurance to American General Finance	1,199.95	
810.		Comment of the commen
811		***
900. Items Required By Londer To Be Paid in Advance:		
901. Interest		
902. Modgage Insurance Premium 903. Hazard Insurance Premium		
903. THE GIVEN THE CONTROL OF THE HOUSE AND ADDRESS OF THE STATE OF TH		management of the contract
305.		-
PAGE 19 - Company of the Company of		
1001 Hazard Insurance		
1002. Mortgage Insurance		-
1003. City Property Taxes		attinuació feli austriaus aptino y co
1004. County Property Taxes		
1005, Annual Assessments		Manager Market production of the pro-
1006		
1007.	And a proper diet i secure appropriate and secure appropriate and appropriate	
1008. Aggregate Adjustment months @S	0.00	
100. Title Charges:		75 75 118
1101. Settlement or closing fee to Transnation Title Insurance Company	75.00	
1102. Abstract or title search		
1103. Title examination 1104. Title insurance binder		
1104. I pre insurance binder 1105. Document preparation		
1196, Notary Fees		
1107. Attorney's Fees		
(includes above item numbers;)		
1108. Title insurance		
(included above ilem numbers:)		
1109. Lender's coverage \$ 125,932.95 to Transnation Title Insurance Company	401.95	
1110. Owner's Coverage		
1111.		******
1112. Tracking Fee to Transnation Title Insurance Company	50.00	
1113.		
1114. Express Mail to Transnation Title Insurance Company	20.00	Washington and the grant games and a
1117 Affidavit of Affixture to Transnation Tale Insurance Company	60.00	
1200. Government Recording and Transfer Charges	2000	
1201. Recording Fees: Deed\$ Mortgage \$ Release \$	50.00)
1202. City/Gounty (ax/stamps 1203. State tax/stamps		
1204, City Transfer Tax		
1205. County Transfer Tax		
1268.		
1207.	- Interest toward of Parameter States of State	Anglescond office of Wellingson's right
1300. Additional Settlement Charges:		1 1 -
1301. Survey		
1302. Pest Inspection		Transport of the state
1303 Payoff tell	55,729.01	
1306.		
1305.		
1306,	1	
1908, 1907,		



Michael Trailor
Director

DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280 PHOENIX, ARIZONA 85007 (602) 771-1000 (602) 771-1002 FAX

SUBJECT: Trust or Escrow Account and Authorization for Release of Information

Pursuant to Arizona Revised Statutes ("A.R.S.") § 41-2180 (D), a Trust or Escrow Account has been established as described below.

By copy of this letter to the financial institution or title company shown below, I/we authorize the depository or the title company to release any and all information relative to the trust or escrow account to the Director of the Arizona Department of Housing, his agent, employee or deputy, as required by A.R.S. § 41-2180 (F).

Check One:	Trust Account	Escrow Account	
Account No:			
Financial Institution or	Title/Escrow Company:		
Physical Address:			
Signatory on Account	SIGNATURE	Date	
Licensee (Licensed Bus	siness Name)		
		me personally appeared with satisfactory rument, and acknowledged that he/she exceeds	
NOTARY PUBLIC	C	COMMISSION EXPIRES	

Applicant/Licensee Must Supply the Financial Institution with a Copy of this form.