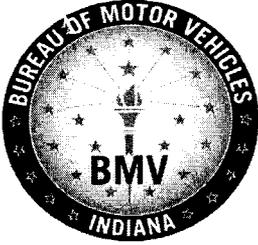


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2008-040245

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 JUN - 2 PM 12

MICHAEL A. BICE
RECORDER

Affidavit to Transfer to Real Estate

State Form 51409 (10/06)

OWNERS of REAL ESTATE: Washington Mutual Bank FA

Lien Holder(s) of Record: None

Address of Property

Street: 4809 West 23rd Avenue

City: Gary State: IN Zip code: 46406

FILED

MAY 29 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

The Indiana Bureau of Motor Vehicles also certifies that the Indiana Title Record Number 08804054033 for this Manufactured Home has been "Retired" from the Indiana Bureau of Motor Vehicle's active title files, and no further transactions will be allowed. It is the responsibility of the owner of the manufactured home/real estate, in accordance with I. C. 9-17-6-15.3, to deliver this document to the county auditor for endorsement. The application with the manufactured home description and property description is attached.

Furthermore, it is also the responsibility of the owner of the manufactured home/real estate to record this Affidavit to Transfer to Real Estate, the Application for Affidavit to Transfer Real Estate, and the Certificate of Title in the county in which the real estate is located.

By: Jackie Bullock
Signature
Jackie Bullock
Printed Name
Titling Department Supervisor
Title



STATE OF INDIANA) SS: (SEAL)
COUNTY OF MARION) SS:

I, Ronald L. Stiver, Commissioner of the Indiana Bureau of Motor Vehicles and custodian of the records therein, hereby certify that the attached is a full, true and complete copy of the record as it appears in the files of the Indiana Bureau of Motor Vehicles.

In testimony whereof, I and my duly authorized representative execute this certification and affix the seal of the Indiana Bureau of Motor Vehicles this 13th day of May, 2008

Ronald L. Stiver
Ronald L. Stiver

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

By: Barla Johnson
Feiwell & Hannoy P.C.

007534

185766
\$22
D

TITLE NUMBER: _____
DATE: AUG 22 2007



APPLICATION FOR AFFIDAVIT TO TRANSFER TO REAL ESTATE

Washington Mutual Bank FA F/K/A Washington Mutual
Applicant's Name: Home Loans, Inc. successor by merger to Fleet Mortgage Corporation

Current Address: P.O. Box 1169

City: Milwaukee County: — State: WI Zip Code: 53201

Address of Manufactured Home Transferring to Real Estate:

Street: 4809 W 23rd Ave

City: Gary County: Lake State: IN Zip Code: 46406

Description of Manufactured Home:

1988, 25x60

HUD Certification Number: RAD423092 & RAD423091

Manufacturer's Name: Fairmont

Manufacturer's Serial Number(s): MY 8817421B/AW

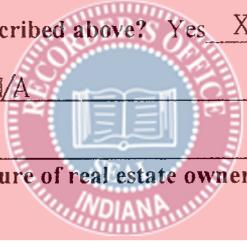
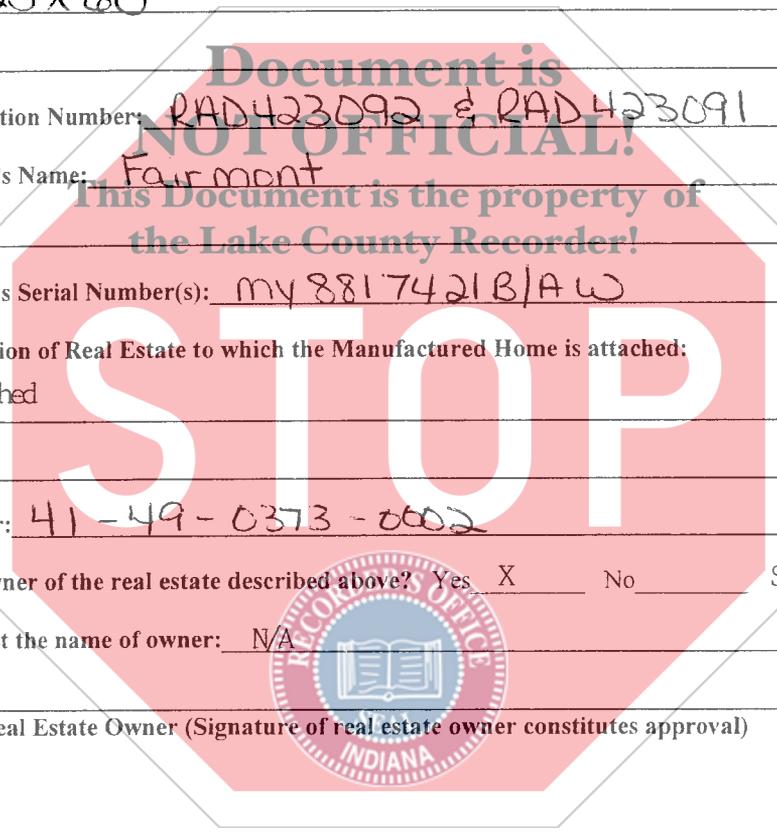
Legal Description of Real Estate to which the Manufactured Home is attached:
See Attached

Parcel Number: 41-49-0373-0002

Are you the owner of the real estate described above? Yes No See Attached Deeds

If not please list the name of owner: N/A

Signature of Real Estate Owner (Signature of real estate owner constitutes approval)



ATTESTATION TO PERMANENT ATTACHMENT TO REAL ESTATE OF A MANUFACTURED HOME

"THE MANUFACTURED HOME, AFOREMENTIONED IN THIS APPLICATION, IS PERMANENTLY ATTACHED TO REAL ESTATE, AS DESCRIBED IN THE LEGAL DESCRIPTION OF THE REAL ESTATE."

"I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury."

[Signature] Date / /
Signature

Andrew P. Seiwert, Attorney, Feiwel & Date 8 / 24 / 07

Printed Name Hannoy, POA for Washington Mutual Bank, FA f/k/a
Washington Mutual Home Loans, Inc., successor by merger to Fleet Mortgage Corp.
Date / /

Signature
Date / /

Printed Name

STATE OF INDIANA }SS: (SEAL)

COUNTY OF MARION }SS:

Sworn to before me, a Notary Public, in and for said County, this 24th day of August,
20 07.

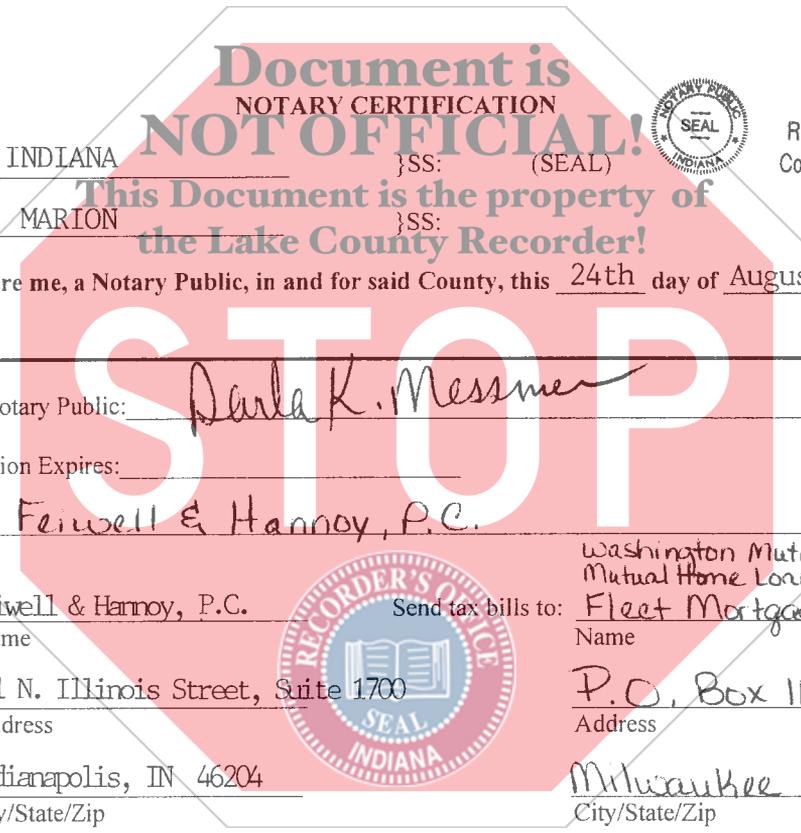
Signature of Notary Public: [Signature: Darla K. Messmer]

Date Commission Expires:

Prepared By: Feiwel & Hannoy, P.C.

Return to: Feiwel & Hannoy, P.C.
Name
251 N. Illinois Street, Suite 1700
Address
Indianapolis, IN 46204
City/State/Zip

Send tax bills to: Washington Mutual Bank FA F/K/A Washington
Mutual Home Loans, Inc. successor by merger to
Fleet Mortgage Corporation
Name
P.O. Box 1169
Address
Milwaukee WI 53201
City/State/Zip



INDIANA CERTIFICATE OF TITLE



State Form 9697 (R8/2-02)
Form Approved by State Board of Accounts, 1995
VEHICLE IDENTIFICATION

MY8817421BAW

YEAR MAKE MODEL BODY STYLE

1988 FMT RTRD MH

PURCHASE DATE ISSUE DATE

1/18/07 4/12/08

ODOMETER

0000000

LEGEND(S)

***ODOMETER-EXEMPT**

OWNER(S) NAME AND ADDRESS

**WASHINGTON MUTUAL BANK FA
4809 WEST 23RD AVENUE
GARY IN 46406**

MAILING ADDRESS

**STATE OF INDIANA DEPARTMENT OF REVENUE
100 NORTH SENATE AVENUE ROOM 201
INDIANAPOLIS IN 46204**

1st LIEN

**STATE OF INDIANA DEPARTMENT OF REVENUE
100 NORTH SENATE AVENUE ROOM 201
INDIANAPOLIS IN 46204**

2nd LIEN

LIEN RELEASES

First Release by:	
Title	Date (mo., day, yr.)
Second Release by:	
Title	Date (mo., day, yr.)

See back for Sellers and Purchasers Requirements.

SELLER MUST COMPLETE

PURCHASER'S INFORMATION

We swear or affirm that the information entered on this form is correct. We understand that a false statement may constitute the crime of perjury.

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.		Name of purchaser		Dealer number	
Odometer Reading (no tenths)	<input type="checkbox"/> 1. The odometer reading stated is in excess of its mechanical limits. <input type="checkbox"/> 2. The odometer reading is NOT actual mileage. WARNING - ODOMETER DISCREPANCY	Address		City	
Signature of seller	Position	City		State	ZIP code
Signature of seller	Position	Lienholder			
Printed name of seller		Address			
Printed name of seller		City		State	ZIP code
Date of sale	Selling price \$	Trade in price (if any) \$	Total price paid \$	I am aware of the odometer statements made by seller(s).	
				Signature of purchaser	
				Printed name of purchaser	

The Commissioner of the Bureau of Motor Vehicles, pursuant to the laws of the State of Indiana, certifies that the vehicle has been duly titled and the owner of the described vehicle is subject to the liens set forth.

INVENTORY CONTROL NO.

COMMISSIONER

TITLE NUMBER

D1269534

RONALD L. STIVER

08804054033

Typed

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS



REQUIREMENTS: Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.
To Seller: Please type or print information. Seller is responsible for completing form. If title is in more than one name, all owners must sign as seller. Any person signing for a company must state position.
To Purchaser: You must apply for a new certificate of title within thirty-one days of purchase, or pay a delinquent penalty. All liens shown on the face of this title must be released before you apply for a new title. Take this to your local BMVC License Branch to complete your application for a new title.

FIRST RE-ASSIGNMENT BY REGISTERED DEALER ONLY

We swear or affirm that the information entered on this form is correct. We understand that a false statement may constitute the crime of perjury.

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

Odometer Reading (no tenths) 1. The odometer reading stated is in excess of its mechanical limits.
 2. The odometer reading is NOT actual mileage.
WARNING - ODOMETER DISCREPANCY.

Name of dealership		Name of purchaser	
Signature		Address	
Printed name		City	State ZIP code
Position	Dealer number	Name of lienholder	
Date of sale (month, day, year)		Address	
		City	State ZIP code
		I am aware of the above odometer certification made by the seller(s).	
		Signature of purchaser	Printed name of purchaser

SECOND RE-ASSIGNMENT BY REGISTERED DEALER ONLY

We swear or affirm that the information entered on this form is correct. We understand that a false statement may constitute the crime of perjury.

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

Odometer Reading (no tenths) 1. The odometer reading stated is in excess of its mechanical limits.
 2. The odometer reading is NOT actual mileage.
WARNING - ODOMETER DISCREPANCY.

Name of dealership		Name of purchaser	
Signature		Address	
Printed name		City	State ZIP code
Position	Dealer number	Name of lienholder	
Date of sale (month, day, year)		Address	
		City	State ZIP code
		I am aware of the above odometer certification made by the seller(s).	
		Signature of purchaser	Printed name of purchaser

THIRD RE-ASSIGNMENT BY REGISTERED DEALER ONLY

We swear or affirm that the information entered on this form is correct. We understand that a false statement may constitute the crime of perjury.

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

Odometer Reading (no tenths) 1. The odometer reading stated is in excess of its mechanical limits.
 2. The odometer reading is NOT actual mileage.
WARNING - ODOMETER DISCREPANCY.

Name of dealership		Name of purchaser	
Signature		Address	
Printed name		City	State ZIP code
Position	Dealer number	Name of lienholder	
Date of sale (month, day, year)		Address	
		City	State ZIP code
		I am aware of the above odometer certification made by the seller(s).	
		Signature of purchaser	Printed name of purchaser

NO ADDITIONAL RE-ASSIGNMENTS PERMITTED



LOT 2 BLOCK 2 IN CURE'S GROVE FARM, AS PER PLOT THEREOF, RECORDED IN PLAT BOOK 25, PAGE 26, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel ID: 41-49-0373-002

Commonly known as: 4809 West 23rd Ave, Gary, IN 46406

