





MICHAEL A EROWN

Affidavit to Transfer to Real Estate

State Form 51409 (10/06)

OWNERS of REAL ESTATE: ANN C. O'BRIEN

Lien Holder(s) of Record: NONE

Address of Property

Street: 4123 GROVER AVENUE

City: <u>HAMMOND</u> State: <u>IN</u> Zip code: <u>46327</u>

The Indiana Bureau of Motor Vehicles also certifies that the Indiana Title Record Number <u>08804117025</u> 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.

	tile Lan	c Country Accord	aci.
By: Wanda	maris		i i
Signature			
Wanda Morris			
Printed Name			
ATRE Supervisor			
Title			
		CERTIFICATION	
STATE OF	INDIANA	} SS: (SEAL.)	
COUNTY OF	MARION	; ss:	

I, <u>Ronald L. Stiver</u>, 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 28TH day of August, 2008

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Ronald L. Stiver

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STATE OF INDIANA



CERTIFICATE OF TITLE FOR A VEHICLE

MAKE FRIENDSHIP TITLE TYPE NORMAL

MODEL NAME

RTRD

FORMER TITLE/STATE / IN A OF O

YFAR 1988

PURCHASE DATE

VIN MY8919788BW

BODY TYPE MH

03/08/91 USAGE TAX PAID

ISSUE DATE 07/29/08

MAILING ADDRESS

ANN C OBRIEN 4123 GROVER AVENUE HAMMOND

IN 46327

ODOMETER/BRAND

EXEMPT

BRAND(S)

/EXEMPT

LIENHOLDER

OWNER(S) NAME ANN C OBRIEN 4123 GROVER AVENUE

HAMMOND

IN 46327

The Real Property of the Party of the Party

ADDITIONAL OWNER(S)

Recorder!

THIRD LIENHOLDER

LIEN RELEASED BY:

PRINTED NAME:

POSITION:

DATE:

FIRST LIENHOLDER

LIEN RELEASED BY:

PRINTED NAME:

POSITION:

PRINTED NAME:

POSITION:

DATE: -

described vehicle/watercraft is subject to the liens set forth.

INDIANA BUREAU OF MOTOR VEHICLES Ronald L. Stiver, Commissioner

The Commissioner of the Bureau of Motor Vehicles, pursuant to the laws of the State of Indiana, certifies that the vehicle/watercraft has been duly titled and the owner of the

TITLE NUMBER 08804117025

E4183780

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS

PLEASE TYPE OR PRINT INFORMATION
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: Seller is responsible for completing form. If title is in more than one name, all owners must sign as seller. Do not sign as a Seller until all areas of the assignment are completed. 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 the date of purchase, or pay a delinquent penalty fee. 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. We swear or affirm that the information on this form is correct. We understand that a false statement may constitute the crime of perjury. I (We) certify to the best of my (our) knowledge that the No MILES meter now reads and is the ACTUAL MILEAGE of the vehicle unless one of the following statements is checked. The odometer reading stated is in The odometer reading is not the actual mileage. excess of its mechanical limits WARNING - ODOMETER DISCREPANCY SELLER INFORMATION PURCHASER INFORMATION Name of Purchaser Signature of Seller Position Address Signature of Seller Position City State Zip Code Print name of seller Dealer Number Name of Lienholder Print name of seller Address Date of sale (month, day, year) Selling price Trade in price(if any) Total price paid City Zip Code State I AM MARE OF THE ABOVE OF TER CERTIFICATION MADE BY THE SELLER(S) Print name of purchase FIRST RE-ASSIGNMENT BY RESISTERED DEA LER ONLY I certify to the best of my knowledge that the odometer reading is the ACT MILEAGE of the vehicle unless one of the following statements is checked. Meme of Purchaser Dealer Number The odometer reading states its mechanical limits. CO. The odometer reading is WARNING ODOMETER D Zip Code Name of dealership Signature Print Name Zip Code State Position Dealer Numbe F THE ABOVE ODOMETER CERTIFICATION MADE BY THE SELLER(S) I AM AWARE Date of sale(month,day,year) Signature of purchaser Print name of purchaser SECOND SSICHMEN BY REGISTERED DEALER ONLY eter reading is the ACTUA I certify to the best of my knowledge that the odd MILEAGE of the vehicle unless one of the following Purchase Dealer Number statements is checke dometer reading stated in excess of echanical limits. The odometer reading is preactual mileage State Zip Code Name of dealership Name of Lienhold Signature Print Name City Zip Code State Position **Dealer Number** I AM AWARE OF THE ABOVE ODOMETER CERTIFICATION MADE BY THE SELLER(S) Date of sale(month,day,year) THIRD RE-ASSIGNMENT BY REGISTERED DEALER ONLY 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 The odometer reading stated is in excess of its mechanical limits. Address The odometer reading is not actual mileage WARNING ODOMETER DISCRIPENCY City Zip Code Name of dealership

NO ADDITIONAL RE-ASSIGNMENTS PERMITTED

Dealer Number

Signature

Print Name

Position

Date of sale(month,day,year)

Name of Lienholder

Zip Code

State

I AM AWARE OF THE ABOVE ODOMETER CERTIFICATION MADE BY THE SELLER(S)

Address

141117831

Title Number:					
Date:	MAY	1	2	2008	

nome owner Information

Name of Applicant Ann C. O'Brien	County Lake	
Current Address (number & street, citv. state. & ZIP code) 4123 South Gover Ave, Hammand IndiaNA	46327	

Return Packet to (Title Company, Bank, etc.)

Name		
Ticor Title Insurance Company		
Address (number & street, city, state, & ZIP code)		
2050 - 45th Avenue, Highland, Indiana 46322	(Attn:	Tom)

Manufactured Home Information

A (A)	
Current Address (number &	& street, city, state, & ZIP code)
4123 South Grover A	Avenue, Hammond, Indiana 46327
County	ivende, nammond, Indiana 4632/
County	
Lake	MOMORPICIAL
Description of Home	NOTE OF THE COLOR
Friendship II	This Decree of the same of the
/	This Document is the property of
11115 0 115	the Lake County Recorder!
HUD Certification Number	
RAD 469535, RAD 46	9536
Year	7330
1988	
Name of Manufacturer	
Fairmont Homes	
Serial Number	
MY8919788AW, MY891	9788BW
HIO91	2700BW

Real Estate Information

Parcel Number 007-26-33-0056-0011

Description of Real Estate The South 1/2 of Lot 10, all of Lot 11 and the North 1/2 of Lot 12, Block 2, J. William Eschenburg's State Line Addition to Hammond, as per plat thereof, recorded in Plat Book 2 page 2, in the Office of the Recorder of Lake County, Indiana

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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	Printed Name	Date (month, day, year)
ann C. O'Brien	Ann C. O'BRIEN	Mar 2 2005
Signature	Printed Name	Date (month, day, year)
	Notary Certification	
STATE OF Indiana	oculsient is (SEAL)	THOMAS G. SCHILLER Lake County My Commission Expires
COUNTY OF Lake	TOFFICIAL!	June 7, 2008
Sworn to before me, a Notary Public, in and for s	aid County, this 02 day of May ,20	08
Printed Name and Signature of Notary Public		
Per IC 36-2-11-15(d): "I affi <mark>rm, under the pena</mark> Social Security number in <mark>this document, unl</mark>		care to redact each
Signature	Printed Name	Date (month, day, year)
1494	Thomas G. Schiller	05/02/08
	COUNTR'S OF THE PARTY OF THE PA	