

# Affidavit to Transfer to Real Estate

OWNERS of REA	LESTATE: CINDY	<u>LEJMAN</u>		6		
	Record: <u>MIDFIRST B</u>			4		
Address of Property:	2699 FLOYD ST	Zip code: 46405-15	563			
City: LAKE STAT	CM -+- Vahiolog also	certifies that the Indiana	Title Record Number 11	1804145000002		
	ATT Landam !!Doting	ad" trom the ingigna bi	mean or motor a curere s	active title pages		
	111 1 11 overod	It is the responsibility of	rine owner of me manus	actureer nomeon on the		
1	T C 0 17 6 15 3	to deliver this documen	t to the county addition to	1 Cilcioadouri		
The application with	the manufactured home	e description and proper	ty description is attached	me o van		
	1 111/ 04	1 of the manufe	ctured home/real estate to	o record this		
Furthermore, it is als	o the responsibility of the	he owner of the manufa	ctured home/real estate to Transfer Real Estate, an	d the Certificate of		
Affidavit to Transfer	to Real Estate, the App		15 Tanibir	ng x mag		
Title in the county in	which the real estate is		ATI	With the Baltin		
1.		OFFICE	AL:			
By: Wand	a This Tool	ment is the pro	operty of	C)		
Signature	the I al	ce County Reco				
Wanda Morris	the Lak	te County Reco	pruer	141 / E.		
Printed Name	Arriatont					
ATRE Clerical A	ASSISTANT			(\$4) (2. <del></del>		
Title		CERTIFICATION				
				- No. 10 (1997)		
STATE OF	INDIANA	}				
	MARION	} SS:				
COUNTY OF						
T R Scott Waddel	. Commissioner of t	he Indiana Bureau of M	lotor Vehicles and custod	ian of the records		
therein, hereby certi	fy that the attached is a	full, true and complete	copy of the record as it a	ppears in the files		
of the Indiana Burea	au of Motor Vehicles.	TO THE OWNER OF THE PARTY OF TH				
		i and representative ever	cute this certification and	affix the seal of		
In testimony where	of, I and my duly author	8 <sup>TH</sup> day of A	UGUST, 2011			
the Indiana Bureau of Motor Vehicles this day of AUGUST, 2011						
		WDIANA LILLI		e 1 M		
			ANACHIAIT	· 2400		
1			AMOUNT	QUADOF		

R. Scott Waddell, Commissioner

CA9H \_\_\_\_\_ CHARGE \_\_\_ CHECK # 10 5 9 7 0 1 7 OVERAGE\_ COPY\_ NON-COM\_ CLERK\_ Page

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# STATE OF INDIANA

### CERTIFICATE OF TITLE FOR A VEHICLE



MAKE **FAIRMONT** 

TITLE TYPE **NORMAL** 

MODEL NAME

**RTRD** 

B OF S/IN

FORMER TITLE/STATE

YEAR

2003

**PURCHASE DATE** 

05/02/03

VIN

MY03120284ABK

BODY TYPE

**USAGE TAX PAID** 

**ISSUE DATE** 

08/08/11

ODOMETER/BRAND

BRAND(S)

EXEMPT/EXEMPT

OWNER(S) NAME

**CINDY LEJMAN** 2699 FLOYD ST **LAKE STATION IN 464051536** 

MAILING ADDRESS

MIDFIRST BANK 999 NW GRAND BLVD OKLAHOMA CITY OK 731186116

SECOND LIENHOLDER State

ADDITIONAL OWNER(S)

the Lake County Recorder

PRINTED NAME:

POSITION:

DATE:

THIRD LIENHOLDER

LIEN RELEASED BY:

FIRST LIENHOLDER

MIDFIRST BANK 999 NW GRAND BLVD OKLAHOMA CITY OK 731186116

LIEN RELEASED BY:

X

DATE:

PRINTED NAME:

POSITION:

PRINTED NAME:

POSITION:

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

INDIANA BUREAU OF MOTOR VEHICLES

R. Scott Waddell, Commissioner

E9910859

**TITLE NUMBER** 11804145000002

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS

#### PLEASE TYPE OR PRINT INFORMATION

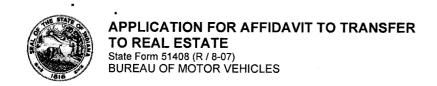
REQUIREMENTS:

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete, or providing false statement may result in fines and or imprisonment. TO SELLER: Seller is responsible for dompleting form. If title is in more than one name, all owners listed on the title 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.

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 TO PURCHASER: face of this title must be released before you apply 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 odometer now reads and is the ACTUAL MILEAGE of the vehicle unless one of the following statements is checked. MILES The odometer reading stated is in excess of its mechanical limits, The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY SELLER INFORMATION PURCHASER INFORMATION Signature of Seller Position (if applicable) Name of Purchaser Dealer Number Address Signature of Seller Position City State Zip Code Printed Name of Seller Dealer Number (if applicable) Name of Lienholder (if applicable) Printed Name of Seller Address Date of Sale (month, bay, year) Selling Price Trade in Price (if any) Total Price Paid City State Zip Code I AM AWARE OF THE ABOVE ODOMETER CERTIFICATION MADE BY THE SELLER(S) Signature of Purchaser Printed Name of Purchase FIRST RE-ASSIGNMENT BY REGISTERED DEALER ON 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: ame of Purchase Dealer Number The odom Zip Code vame of Lienholder (Repulicable Atc Name of Dealership Signature Printed Name Zip Code Position ity I AM AWARE OF THE ABOVE ODOMETER CERTIFIC TION MADE BY THE SELLER(S) Date of Sale (month, day, yes Signature of Purchase Name of Purchaser Printe SECOND RETASSIGNMENT BY REGISTERED DEALER ONE

ige that the odd retained is the ACTUAL

ne of the following statements is checked. I certify to the best of my knowled MILEAGE of the vehicle unless a Dealer Number ading stated is in excess of its Address I he odometer reading is not actual m WARNING ODOMETER DISCREPANCY City State Zip Code Name of Dealership Name of Lienholder (if applicable) Signature Address Printed Name City State Zip Code Dealer Number Position I AM AWARE OF THE ABOVE ODOMETER CERTIFICATION MADE BY THE SELLER(S) Date of Sale (month, day, year) Printed Name of Purchaser Signature of Purchaser 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 mechanical limits. Address The polymeter reading is not actual mi WARNING ODOMETER DISCREPANCY. State City Zip Code Name of Dealership Name of Lienholder (if applicable) ignature Address Printed Name Zip Code Position Dealer Number I AM AWARE OF THE ABOVE ODOMETER CERTIFICATION MADE BY THE SELLER(S) Date of Sale (month, day, year) Signature of Purchaser Printed Name of Purchaser NO ADDITIONAL RE-ASSIGNMENTS PERMITTED



#### **Home Owner Information**

Name of Applicant	County			
CINDY LEJMAN	LAKE			
Current Address (number & street, city, state, & ZIP code) 2699 FLOYD ST LAKE STATION IN 46405				
Return Packet to (Title Company, E	Bank, etc.)			
Name				
FIRST AMERICAN TITLE CO-6148359				
Address (number & street, city, state, & ZIP code)				

Address (number & street 1860 COMPTON AVE COR	et, city, state, & ZIP code)				
Manufactured Home Information					
Current Address (numbe 2699 FLOYD ST LAKE STA	er & street, city, state, & ZIP code) ATION IN 46405				
County LAKE	NOT OFFICIAL!				
Description of Home MOBILE HOME  This Document is the property of					
	the Lake County Recorder!				
HUD Certification Number RAD1377339 & RAD13773					
Year 2003					
Name of Manufacturer FAIRMONT HOMES					
Serial Number MYO3120284ABK					
Real Estate Information					
Parcel Number 45-09-18-379-008.000-021					
Description of Real Estat SEE ATTACHED	e SEAL SEAL				

#### 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)
man-landopadomingerfolde la Jeman	CINDY LEJM	AN	8/25/2011
Signature Signature	Printed Name	ту по техности по под поставления по по под поставления по поставления по поставления по по поставления по	Date (month, day, year)
Clasi Gornia	Notary Certification	No No	CARRIE MEDVEDEFF Immission # 1864183 tary Public - California an Bernardino County
STATE OF WILL TO THE	Jocusment is	My Co	mm. Expires Sep 7, 2013
COUNTY OF KUCKION	T OSSIFICIA	LISEAL	
Sworn to before me, a Notary Public, in and for s	aid County, this 25 day	August, 20	
Printed Name and Signature of Notary Public	Varie medi	redeff (	Come Med
Per IC 36-2-11-15(d): "I affir <mark>m, u</mark> nder the pena Social Security number in this document, unl		taken reasonable	care to redact each
Signature	Printed Name	-	Date (month, day, year)
	E COURS OF SEAL OF SEA	3	

## **EXHIBIT A**

LOTS 8 AND 9 IN BLOCK 13, IN FIRST SUBDIVISION TO EAST GARY, IN THE CITY OF LAKE STATION, AS PER PLAT THEROF RECORDED IN PLAT BOOK 7, PAGE 9, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, ILLINOIS.

Property Address (for Information Purpose Only) 2699 FLOYD ST LAKE STATION IN 46405

Also included is a 2003 FAIRMONT MOBILE HOME serial # MY03120284ABK





# POWER OF ATTORNEY - STATE OF INDIANA State Form 1940 (R3/2-00)

1/ We, Circly Leman + Diminick R Lejman-residing at 2699 Fl Lake do hereby appoint Mana Camillo @ First Ame	OVA ST LAKE STATIM In the county of NAM as my/our attorney in fact to sign my/our name(s)			
and complete information in relation to transactions involving the certificate of title or regis	tration for the vehicle / watercraft as described below:			
Make of yehicle / watercraft W03120284ABK 2003 RAIDI/317339	4340   Title number			
NOTE: Social Security / Federal ID Signature of owner of-attorney form but are required for Curray Segman	Primed of typed name of awner Cludy Lelinan			
title and registration applications. Signature of owner Jones & Lyuner	Printed or typed name of owner C Dominic K R Leiman			
NOTARY CERTIFICATE				
STATE OF INDIANA  COUNTY OF LAKE  SS:	GERALDINE F. ELMAN  Notary Public - Seal, State of Indiana  My Commission Expires Feb 20, 2011			
Sworn to before me, a Notary Public, in and for said County, this day of day of	VERBERMANNE -			
Signatured Notary Public F. Elimen Printed or typed name of Notary Public GEKALSINE F. EL.	MAN Date commission expires  02-20-2011			
NOTE: In accordance with Indiana Code 30-5-4-1, all power-of-attorney forms must be notarized in fieu of a notary, sign power-of-attorney forms used in Indiana for Bureau of Motor Vehicles tra Bureau of Motor Vehicles documents in Indiana and are not recognized for interstate transactions	insactions. Special deputy verifications are valid only on			
Special Deputy Bureau of Motor Vehicles, State of Indiana Chapter 01 Acts 1847				
By: Document i	Date (month, day, year)			

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