Your Dealership Name
Your Address
Your Town, AZ 85007

License Number: _____

Compatibility Agreement

Date:

This form is required by the Arizona Department of Fire, Building and Life Safety. Its purpose is to inform you, our customer, that the utility service facilities for manufactured home spaces are not standardized and compatibility between a chosen manufactured home space and a manufactured home to be purchased is the purchaser's responsibility, if this applies.

_____ _____
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.

TRUST ACCOUNT BALANCE SHEET

BAL. FORWARDED

RECEIPT				DEP.	CLOSE	WITHDRAWAL				ACCOUNT
DATE	NO.	CUSTOMER	AMOUNT	DATE	DATE	DATE	AMOUNT	CK.#	PAYEE	BALANCE

INDIVIDUAL CLIENT LEDGER SHEET

BUYER:	MANUFACTURER: YEAR: SERIAL NUMBER:	LOT:

UNIT LOCATION:	F.O. _____ STOCK _____

RECEIPT NO.	DEPOSIT AMOUNT	DATE OF DEPOSIT	DATE AND AMOUNT OF WITHDRAWAL	CHECK #	WITHDRAWAL TO/PAYEE	BALANCE

JANICE K. BREWER
Governor

GENE PALMA
Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY
1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
(602) 364-1003
(602) 364-1052 FAX

OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

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 Fire, building and Life Safety 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 Office of Manufacture Housing at: 1110 West Washington, Suite #100, Phoenix, AZ 85007-2935, phone: (602) 364-1003 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 Office of Manufactured 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 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 Signature _____ Date _____

PRINTED Homeowner's Name: _____

INFORMATION BELOW TO BE COMPLETED BY DEALER: (Please Print or Type)

Business Name _____ License# _____

Manufacturer _____ Serial #: _____

Salesperson License #: _____

☐ Manufactured Home ☐ Factory Built Building

JANICE K. BREWER
Governor

GENE PALMA
Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
(602) 364-1003
(602) 364-1052 FAX

OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

MANUFACTURED HOUSING HOMEOWNER INFORMATION BULLETIN – (USED)

The Arizona Department of Fire, Building and Life Safety 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 filed within one year from the date of sale or installation.

If you have any questions, feel free to contact the Department.

**********NOTICE**********

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.

**********RETURN BOTTOM PORTION**********

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 Signature _____ Date _____

Do not sign until you have read the above notice

INFORMATION BELOW TO BE COMPLETED BY DEALER OR BROKER: (Print or Type)

Dealer's or Broker's Business Name _____ Lic.# _____

Manufacturer _____

Serial No. _____ Purchase Date _____ Salesperson Lic.# _____

Purchaser _____

Installer _____ or License # _____

Selling price: Check appropriate box below

☐ Under $50,000.00
***Requires** $30.00 Recovery Fund fee*

☐ $50,000.00 or more
**No Recovery Fund fee required*

OFFICE OF MANUFACTURED HOUSING

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

Home Walk Through Inspection Checklist

Homeowner Name: _____ Phone: (____)_____

Address: _____ City: _____ State: _____ Zip: _____

****

Retailer Name: _____ License # _____ Phone: (____)_____

Address: _____ City: _____ State: _____ Zip: _____

****

Manufacturer: _____ Year: _____ Model: _____ Serial No: _____

Installation Date: _____ **or Designated Cosmetic Complaint Date:** _____

!!! ATTENTION HOME BUYER!!!

This walk through inspection is being conducted for your benefit. It is important to thoroughly examine each item listed below.

Instructions: Inspect all items below for operation and appearance and check the box next to the item to show it was inspected. If there is a problem, circle the number and the item on the list then write the room letter and the item number in the description area on page 2 and describe the problem. Example: A. 13 Countertop – 3 inch scratch near sink.)

A. Kitchen

- ☐ 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

B. Living Room/Dining Room

- ☐ 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

C. Den/Family Room

- ☐ 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

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)

E. Master Bedroom

- ☐ 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

F. Bedroom 2

- ☐ 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

G. Bedroom 3

- ☐ 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

H. Home Exterior

- ☐ 1. Door
- ☐ 2. Switches/Receptacles
- ☐ 3. Light Fixture(s)
- ☐ 4. Siding/Paint
- ☐ 5. Shutters/Trim
- ☐ 6. Windows
- ☐ 7. Hose Bib
- ☐ 8. Water Heater/Furnace Doors
- ☐ 9. Skirting
- ☐ 10. Awnings/Post
- ☐ 11. Roof
- ☐ 12. Stairs
- ☐ 13. Fan(s)

I. Master Bath

- ☐ 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. Countertops
- ☐ 13. Cabinets
- ☐ 14. Sink(s)/Faucets
- ☐ 15. Mirrors
- ☐ 16. Tub/Shower
- ☐ 17. Commode
- ☐ 18. Circuit Interrupter

J. Guest Bath

- ☐ 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. Countertops
- ☐ 13. Cabinets
- ☐ 14. Sink(s)/Faucets
- ☐ 15. Mirrors
- ☐ 16. Tub/Shower
- ☐ 17. Commode
- ☐ 18. Circuit Interrupter

K. Utility Room

- ☐ 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. Countertops
- ☐ 13. Cabinets
- ☐ 14. Dryer Vented out from Under house.
- ☐ 15. Electrical Panels-Labels, etc.

L. Other

- ☐ 1. _____
- ☐ 2. _____
- ☐ 3. _____
- ☐ 4. _____
- ☐ 5. _____
- ☐ 6. _____
- ☐ 7. _____
- ☐ 8. _____
- ☐ 9. _____
- ☐ 10. _____
- ☐ 11. _____
- ☐ 12. _____
- ☐ 13. _____
- ☐ 14. _____
- ☐ 15. _____
- ☐ 16. _____
- ☐ 17. _____
- ☐ 18. _____

☐ Smoke alarm(s) have been tested and alarm has sounded

Description area

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

The retailer or manufacturer shall supply the purchaser with two gallons of paint to match each interior color ordered. If there are any problems with the drywall within the first year, the retailer or manufacturer must make one additional visit for repairs before the end of the first year if you report the problem.

The consumer is urged to first contact the retailer regarding any problems with the home. The consumer must file any complaints regarding cosmetic items with the Office of Manufactured Housing within 120 days of the installation or designated cosmetic complaint date (A.R.S. § 41-2182).

_____ _____

Owner/Agent Signature **Date** **Agent Signature** **Date**

_____

Owner/Agent Signature **Date**

White copy – Retailer Pink copy - Purchaser

RUNNING GEAR BUYBACK AGREEMENT

DATE _____

I/WE HAVE ELECTED TO SELL MY/OUR WHEELS/TIRES AND AXLES FROM OUR NEW MANUFACTURED

HOME, SERIAL #_____ TO _____

NAME OF DEALERSHIP

IN RETURN FOR THE FOLLOWING COMPENSATION:

_____

_____

_____

_____

_____

_____ _____

PURCHASER SIGNATURE DATE

_____ _____

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 ELECTION (Complete this section only if you are the Buyer.)

The undersigned elects to have the Broker (Check any that apply)

____ represent the Buyer as Buyer's Broker

____ represent the Seller as the Seller's Broker

____ show Buyer properties listed with the Broker's firm. As a result, Buyer agrees that Broker shall act as agent for both Buyer and Seller provided that Seller consents to dual representation. Buyer's and Seller's consent should be acknowledged in a separate writing other than the purchase contract.

SELLER ELECTION (Complete this section only if you are the Seller.)

The undersigned elects to have the Broker (Check any that apply)

____ represent the Seller as Seller's Broker

____ represent the Buyer as the Buyer's Broker

____ show Seller's properties to Buyers represented by the Broker's firm and Seller agrees that Broker shall act as agent for both Seller and Buyer provided that Buyer consents to dual representation. Seller's and Buyer's consent should be acknowledged in a separate writing other than the purchase contract.

THE UNDERSIGNED ___ BUYER(S) or ___SELLER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS DOCUMENT.

SIGNED **Mo/Da/Yr**	**SIGNED** **Mo/Da/Yr**
FIRM NAME (Broker)	**LICENSEE'S SIGNATURE** **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)

_____ _____

BUYER'S SIGNATURE DATE

Motor Vehicle Division
ADOT
49-0508T R02/08 www.azdot.gov

MOTOR VEHICLE DIVISION
SOUTHEAST MESA OFFICE
DATE 8/7/08
AMT PD 6.00
INITIALS

TITLE AND REGISTRATION APPLICATION

If you sell your vehicle or otherwise transfer ownership, or end your lease, complete a Sold Notice at www.servicearizona.com.

Plate Number | Tab Number | Unit Number | Arizona Brand

Vehicle Identification Number: [redacted]
Make: REDMA
Body Style: MH
Year: 1987
Arizona Brand

Previous Brand/State | Previous Brand/State | Previous Brand/State | Other States With Brands

First Registered | Model | List Price: 009187 | GVW: 1244 | Fuel | Odometer Reading (no tenths) ☐ Actual ☐ B ☐ C | Mobile Home W/L

Legal Status | Driver License or EIN

BARRY [redacted]

[redacted]

Registration Expiration Date

Owner Names Mailing Address

MESA AZ 85206-1335

Residence Address of Owner or Lessee (if different from Mailing Address)

Lienholder Information

Name: | Date:
Driver License or EIN: | Legal Status:
Mailing Address:
Name: | Date:
Driver License or EIN: | Legal Status:
Mailing Address:
Name: | Date:
Driver License or EIN:
Mailing Address:

Mobile Home Manufacturer: REDMAN HOMES
Vehicle/Mobile Home Location: [redacted]

Service Options | Date Vehicle Acquired
☐ Vehicle is specially constructed or reconstructed.
☐ Vehicle will be rented without a driver (such as a rental car).

☐ I consent to the release of personal information contained in my driver license and vehicle record. I understand that this is not a one-time consent that applies only to a specific individual or organization, but is instead a general consent that applies to all requests from any and all individuals or organizations for any purpose, until revoked by me in writing. Consent for a vehicle record applies to all owners.

I certify that the information above and any documentation that I submit in support of this application, is true and correct, and that the vehicle is free from liens, except those indicated above. I acknowledge that the odometer reading above is qualified by the seller and that it is not the responsibility of the Motor Vehicle Division to determine the accuracy of the odometer statement. I understand that vehicles registered for use in, or used to commute into, Air Quality Control areas (including greater metro Phoenix or Tucson) may be subject to emissions testing.

All Owners Sign Here

SSD

"OR" Legal Status

I do hereby state that we hold this property as joint tenants and furthermore empower and authorize each other as attorney in fact to assign the certificate of title by his or her signature alone and thereby transfer, sell, mortgage or otherwise encumber the vehicle, or transfer license plates and/or fees in the same manner as though all joint owners had acted and signed.

Owners With "OR" Legal Status Also Sign Here

Fees
TTL 7.00

Batch/Date/Office Number: 467M 08072008 1386
Cat
Canceled Plate Number/State/Agent ☐ 1 ☐ 2 Plates

New Title Number: 467M008220003
New Film Reference Number: I220467M03
Type: 11823411

Prior Title Number: 467M008219034
State: AZ
Prior Film Reference Number: I219467M14

TOTAL 7.00

0206081143

ARIZONA CERTIFICATE OF TITLE

Motor Vehicle Division
ADOT
48-7200 R09/03

Inventory Control
10360791

Vehicle Identification Number	Year	Make	Model	Body Style
[redacted]	1971	RAMAD		MH

First Registered	List Price	Mobile Home Manufacturer	Unit Number
	005645	SKYLINE CORPORATION	12X60

[redacted]

Title Number	Issue Date	Film Number	Odometer Reading (no tenths)
[redacted]	04172008	[redacted]	

Previous Title Number	State	Issue Date	Previous Film Number
[redacted]	AZ	04152008	[redacted]

* A - Actual Mileage
B - Mileage in excess of the odometer mechanical limits
C - NOT Actual Mileage; WARNING ODOMETER DISCREPANCY

Arizona Brands

Previous Brand	State	Previous Brand	State	Previous Brand	State	Other States With Brands

ADDITIONAL BRAND INFORMATION WILL BE PRINTED HERE IN THE FUTURE.

Owners/Lessees

[redacted]

Lienholders

FIRST LIEN- LIEN DATE: 04092008

[redacted]

LIEN RELEASE

Lienholder Name			Acknowledged before me this date	Notary Public Signature		
Lien Amount	Lien Date	Lienholder Signature	Date	County	State	Commission Expires

VOID WITHOUT EAGLE WATERMARK OR IF ALTERED OR ERASED

NOV REC'D

TRANSMITTAL AND AUDIT REPORT

Prepared By

Company

A

YAVAPAI
MVD County

Date 11-1-07

Contact Name [redacted]

86305

Dealer Name	Address	City & Zip Code	Dealer Lic. No.
[redacted]	[redacted]	PRESCOTT, AZ	[redacted]

Owner Name	Title No.	TRP No.	Vehicle ID No.	Year	Plate No.	Amount Paid
[redacted]	[redacted]		[redacted]	1983		7.00
[redacted]	[redacted]		[redacted]	1983		7.00
[redacted]	[redacted]		[redacted]	1984		7.00
[redacted]	[redacted]		[redacted]	1984		7.00

MOTOR VEHICLE DIVISION
PRESCOTT
Date: 1/2/07
Amt Pd: 028.00 CK5496
Initials: AT #0002

Total $ 28.00

06-96

09

AFTER RECORDING RETURN TO:

Ana Wayman-Trujillo, Recorder
OFFICIAL RECORDS OF YAVAPAI COUNTY
DRIGGS TITLE AGENCY ADAF

[redacted]
09/15/2008 02:37P
14.00 [redacted]

[redacted]
Page: 1 of 4
ADAF

FEE $5
$3 ✓
$5
$1 ✓
$4

Driggs Title Agency
1951 W. Camelback Rd. Suite 101
Phoenix, AZ 85015

THIS AREA RESERVED FOR COUNTY RECORDER

AFFIDAVIT OF AFFIXTURE

SEE INSTRUCTIONS ON NEXT PAGE BEFORE COMPLETING

The legal description of the real property located in Yavapai County, Arizona, to which the mobile home has been affixed is:

Assessor's Parcel #: Book [redacted] Map [redacted] Parcel [redacted] Check if mobile home is in Mobile Home Park: ☐

PROPERTY TAXATION SECTION

The mobile home has ☐ has not ☒ been previously assessed or taxed in Arizona as personal property.

If previously assessed and taxed, give the account number _____ name and address of person(s) to whom the last tax statement was sent and the location of the mobile home when last taxed.

Name _____ Location _____

Street Address _____

City _____ State _____ ZIP _____

[redacted]
Print Complete Name (Seller)

[redacted]
Current Address

[redacted]
Signature

[redacted]
Print Complete Name (Buyer or Owner)

[redacted]
Current Address

[redacted]
Signature

Signature

Signature

CYNTHIA BROWN
Notary Public - Arizona
Maricopa County
Expires 03/10/10

The affiant (owner only) does hereby swear (or affirm) that the foregoing is a true and correct statement. Subscribed and sworn to before me this 21st day of August, 2008.

C. Brown
Notary Public

My commission expires: 3-10-10

ADOT RECEIPT FOR SURRENDERED MOBILE HOME DOCUMENTS

Year 2008 Make Schult Manufacturer CMH Manufacturing West

List Price $ 49,172. Size 16x59

Vin Number _____
Vin Number [redacted]
Vin Number _____
Vin Number _____

MSO Number(s)	Title Number(s)	Film Number(s)
4200		

6-11-2008
Dates Documents Issued

Lienholder Name _____

Lienholder Address _____

Lienholder Name _____

Lienholder Address _____

Received by: Lorraine Baca
ADOT/Motor Vehicle Division Agent

07
County

Date: Sept 10/2008

DOR 82525 (4/05)

61

PURCHASER NAME(S)

P 664 764 000

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

(See Reverse)

Sent to Motor Vehicle Depart.	
Street and No. P.O. Box 709	
P.O., State and ZIP Code Florence, Arizona 85232	
Postage	
Certified Fee	85
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	90
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.00
Postmark or Date	

NOV 27 1988 USPO

POST OFFICE DATE STAMP

PS Form 3800, June 1985

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and address of delivery.
2. ☐ Restricted Delivery.
3. Article Addressed to:
Motor Vehicle Department
P.O. Box 709
Florence, Arizona 85232
4. Article Number
P 664 764 000
5. Signature
X
6. Signature - Agent
X
7. Date of Delivery
DEC 1988
8. Addressee's Address (ONLY if requested and fee paid)

Always obtain signature of addressee or agent and DATE DELIVERED.

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

RETURN RECEIPT

Company Name and Address

[redacted]

Account Number

[redacted]

Shipment Date

5 20 94

Shipping Record

1 Please Print Full Name and Address for Each Shipment Directly from Address Labels on Packages.

Name and Address — or — If Same, Mark ➔ Same Address as Previous Page

Motor Vehicle Division

Residential Delivery

PURCHASER NAME(S)

State / Postal/ZIP Code / Country

Phoenix AZ 85007

Name and Address — or — If Same, Mark ➔ Same Address as Previous Entry

Residential Delivery

State / Postal/ZIP Code / Country

Name and Address — or — If Same, Mark ➔ Same Address as Previous Entry

Residential Delivery

State / Postal/ZIP Code / Country

Name and Address — or — If Same, Mark ➔ Same Address as Previous Entry

Residential Delivery

State / Postal/ZIP Code / Country

If Additional Shipment to Same Address is continued on next page:

2 Service Level

- Next Day Air / WW Express
- 2nd Day Air / WW Expedited
- 3 Day Select
- Standard to Canada
- Ground Trac (Delivery Trac)
- Other

3 Package Information

Weight / Letter

Oversize / Dimensional Weight

Declared Value .00

C.O.D. Amount

4 Additional Services

- Delivery Confirmation
- Delivery Confirm. Signature Required
- Saturday Delivery
- Additional Handling
- Hazardous Material
- Call Tag
- Other

5 When Using a Different Tracking Label, Stick Receipt Portion of That Label Below, Covering Printed Number

Next Day Air Express Receipt

Place on your shipping record

Tracking Number [redacted]

Collect Billing / Collect / 3rd Party / 3rd Party / Account No.

Reference Number (Optional)

Other Information

Received for

Pickup Time 1526 | Total Packages 1 | Total Call Tags | No. of Pages 1

Part 2 - Customer Copy

63

BUYER'S ACCEPTANCE FORM

Your Dealership Name
Your Address
Your Town, AZ 85007

License Number:

DATE_____

I/We, _____,
have purchased the manufactured home, which is described below, and which is located in _____, space number _____.

I/We acknowledge that I/we have received possession of the manufactured home.

MANUFACTURER SIZE _____
MODEL _____SERIAL NUMBER _____

NOTE: PLEASE X THE LINE THAT IS APPLICABLE

I/We also acknowledge that:

____ I/We have received a properly signed off title and will apply for title transfer myself/ourselves.

____ The Retailer/Broker is making application for title.

____ The Retailer/Broker is filing for the Affidavit of Affixture.

____ I/We have received the properly signed off Manufacturer's Certificate(s) of Origin.

____ Title is being transfer by the lien holder (purchaser arranged financing), who is _____.

_____	_____	_____
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.

BILL OF SALE FOR FACTORY-BUILT BUILDINGS WITHOUT TITLE(S)/MSO(S)

The purchased unit, a _____ (year), _____ (manufacturer), Serial number _____, is the type of factory-built building that does not have a title(s) or MSO/MCO(s) (Manufacturer's Statement of Origin/Manufacturer's Certificate of Origin).

I, _____, the Seller (owner/retailer), in consideration of the sum of $_____, received from the Buyer, on the _____ day of _____,(month) _____ (year), hereby sell to the Buyer, the unit described above, and warrant that right to possession and right to sell the vehicle are vested in the Seller.

_____ _____

Seller's Signature Date

I, _____, the Buyer, acknowledge that I have received possession of the above described unit.

_____ _____

Buyer's Signature Date

GT-10-C3-101 (4/95) M+FRC

ARIZONA

MANUFACTURED HOME RETAIL INSTALLMENT CONTRACT AND SECURITY AGREEMENT (CONV. - FHA - VA) (SI)

Date 8-12-99

CONSUMER CREDIT DOCUMENT

Funded 8-13-99

BUYER: [redacted]

SELLER: [redacted]

ASSIGNEE: [redacted]

FEDERAL TRUTH-IN-LENDING ACT DISCLOSURES

ANNUAL PERCENTAGE RATE (The cost of my credit as a yearly rate.)	FINANCE CHARGE (The dollar amount the credit will cost me.)	Amount Financed (The amount of credit provided to me or on my behalf.)	Total of Payments (The amount I will have paid after I have made all payments as scheduled.)	Total Sale Price (The total cost of my purchase on credit, including my down payment of $ 5341.13)
11.00 %	$ 116721.83	$ 48050.17	$ 164772.00	$ 170113.13

My payment schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
360	457.70	Monthly beginning 9-15-99

SECURITY: I am giving a security interest in:

X The goods or property being purchased. N/A Real property located at N/A

FILING FEES: $ 25.00 LATE CHARGE: If a payment is more than 15 days late, I will be charged $ 5.00 or 5.00 % of the payment, whichever is LESS

PREPAYMENT: If I pay off early, I will not be charged a prepayment penalty.

ASSUMPTION: Someone buying my home may, subject to conditions, be allowed to assume the remainder of the Contract on the original terms.

See the Contract document below for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

ITEMIZATION OF THE AMOUNT FINANCED

1. Cash Sale Price (Including Taxes of)	$ 2257.30	$ 53363.30
2. Gross Trade-in	$ .00	
Less Amount Owed on Trade-in	$ .00	
Net Trade-in	$ .00	
Description: Make		
Year 0000 Size 00 X 00		
3. Cash Down Payment	$ 5341.13	
4. Total Down Payment		- $ 5341.13
5. Unpaid Balance of Cash Sale Price (1 - 4)		+ $ 48022.17
6. Paid to Public Officials		+ $ 25.00
7. Paid to Insurance Companies		+ $ .00
8. Paid to Appraiser		+ $ .00
9. a. Paid to [redacted] FOR POINTS		+ $ 551.40
b. Paid to HANDLING FEE		+ $ 20.00
c. Paid to		+ $ .00
d. Paid to		+ $ .00
e. Paid to		+ $ .00
f. Paid to		+ $ .00
g. Paid to		+ $ .00
10. Principal Balance (5 + 6 + 7 + 8 + 9 a.-g.)		+ $ 49031.57
11. Prepaid Finance Charges		- $ 981.40
12. Amount Financed (10 - 11)		$ 48050.17

PHYSICAL DAMAGE INSURANCE

Physical Damage Insurance is required but I may obtain it anyone I want that is acceptable to you. If I get the insurance checked below from you or through you, I will pay you

$ .00 for insurance protection for a term of 00 years.

N/A Comprehensive ($ .00 deductible)

N/A Flood

N/A Liability

N/A Other

N/A Vendor's Single Interest

OPTIONAL CREDIT LIFE AND DISABILITY INSURANCE

Credit Life and Disability Insurance are not required to obtain credit and will not be provided unless I sign and agree to pay the additional cost.

The term of this insurance is 00 years.

N/A Single Credit Life Insurance $ .00

N/A Joint Credit Life Insurance $ .00

N/A Single Credit Disability Insurance $ .00

Total $ .00

X N/A

Signature of Buyer(s) Insured Date

CONTRACT AND SECURITY AGREEMENT

1. DEFINITIONS: "I", "me", "my" means the Buyer(s). "You", "your" means the Seller and also the Assignee (after the Contract is assigned by Seller). "Manufactured Home" means the manufactured home and any other property described below and on page 2. "Contract" or "Agreement" means this Retail Installment Contract and Security Agreement.

NEW OR USED	Manufactured Home: YEAR AND MAKE	MODEL	SERIAL NUMBER	SIZE
N	1999 CAVCO	XL2848A	[redacted]	28 X 48

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND MICRO PRINTING

[redacted] № [redacted]

75-1592/912

PAY TEN THOUSAND SIX HUNDRED ELEVEN AND 17/100 DOLLARS

DATE	AMOUNT
AUGUST 13, 1999	$***10,611.17

[redacted]

[redacted] SERVICING CORPORATION

DETACH AND RETAIN THIS PORTION
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

№ [redacted]

DATE	DESCRIPTION	AMOUNT
8/13/99	PROCEEDS [redacted]	
	C - 13723	10611.17
	MANUFACTURER	.00
	PROCEEDS	10611.17
	SALES TAX	.00
	FLOOR PLAN PAYOFF	37411.00
	HANDLING FEE	20.00
	TITLE FEE	28.00
	INSURANCE PREMIUM	.00
	Customer Points	961.40
	1999 XL2848A 38627 [redacted]	
	[redacted]	
	(2.00 ACQUISITION POINTS)	

FORM NO. 31-00-011 (1/94) 250/Wrap

TFS TRIAD FINANCIAL SERVICES, INC.

Manufactured Housing Distribution Worksheet
CENTRAL NATIONAL BANK & TRUST CO OF ENID

PURCHASER [redacted]
ADDRESS [redacted]
FLAGSTAFF, AZ 86004

CUST NAME [redacted]
TRIAD ACCT # [redacted]
LENDER [redacted]

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

LOAN ITEMIZATION		FUNDS DISTRIBUTION	
Selling Price	$54,768.00	Proceeds to:	$20,662.29
Sales Tax	$2,361.29	[redacted]	
Title & Prep	$7.00	FLAGSTAFF, AZ 86004	
Insurance	$0.00	[redacted]	
Triad Insurance	NO	Proceeds to: (Floor Plnr)	$33,567.00
Extended Warranty	$0.00	TEXTRON	
Triad Home Warranty	NO		
Flood Certification	$0.00	Insurance	$0.00
Down Payment	$2,900.00	Triad Insurance	NO
DOC Stamps	$0.00	DOC Stamps	$0.00
Amount To Finance	$54,236.29	Title & Prep AZ MOTOR VEH DIV	$7.00
Flood Life Of Loan	$15.00	Home Buyers Warranty	$0.00
Doc Prep Fee	$199.00	Triad Home Warranty	NO
BANK FEE	$100.00	Flood To: Geotrac	$0.00
Note Amount	$54,550.29	Total Fees:	$7.00
		Grand Total	$54,236.29
		$200.00 SPIFF TO DEALER	

[redacted] AB

Serving The Manufactured Home Industry Since 1959
4236 Pablo Oaks Court Jacksonville, FL 32224 (904) 223-1111 (904) 223-5847 FAX

A. U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SETTLEMENT STATEMENT

Transnation Title Insurance Company
1750 S Railroad Springs Blvd
Suite 9
Flagstaff, AZ 86001

FINAL

B. TYPE OF LOAN

1. ☐ FHA 2. ☐ FmHA 3. ☐ CONV. UNINS
4. ☐ VA 5. ☐ CONV. INS.

OMB No. 2502-0265

6. ESCROW FILE NUMBER: [redacted]

7. LOAN NUMBER: [redacted]

8. MORTGAGE INSURANCE CASE NUMBER:

C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. *Items marked "(P.O.C.)" were paid outside the closing; they are shown here for informational purposes and are not included in the totals.*

D. NAME OF BORROWER: [redacted]

ADDRESS OF BORROWER: [redacted]
Flagstaff, AZ 86004

E. NAME OF SELLER:

ADDRESS OF SELLER:

F. NAME OF LENDER: American General Finance
ADDRESS OF LENDER: 1750 S.Railroad Springs Blvd 2,
Flagstaff, AZ 86001

G. PROPERTY LOCATION: [redacted]
Coconino [redacted]

H. SETTLEMENT AGENT: Transnation Title Insurance Company
PLACE OF SETTLEMENT: 1750 S. Railroad Springs Blvd, Suite 9; Flagstaff, AZ 86001

I. SETTLEMENT DATE: 11/24/2006 PRORATION DATE: 11/24/2006 FUNDING DATE: 11/28/2006

J. SUMMARY OF BORROWER'S TRANSACTION		K. SUMMARY OF SELLER'S TRANSACTION	
100. Gross Amount Due from Borrower		400. Gross Amount Due To Seller	
101. Contract Sales Price		401. Contract Sales Price	
102. Personal Property		402. Personal Property	
103. Settlement charges to Borrower (line 1400)	61,644.91	403.	
104. Payoff to National Bank of Ari	64,288.04	404.	
105		405.	
Adjustments For Items Paid By Seller In Advance:		Adjustments For Items Paid By Seller In Advance:	
106. City/Town Taxes		406. City/Town Taxes	
107. County Taxes		407. County Taxes	
108. Assessments		408. Assessments	
109.		409.	
110.		410.	
111.		411.	
112.		412.	
113.		413.	
114.		414.	
115.		415.	
120. Gross Amount Due from borrower:	125,932.95	420. Gross Amount Due to Seller	0.00
200. Amounts Paid by or in behalf of Borrower		500. Reductions In Amount Due To Seller	
201. Deposit or earnest money		501. Excess deposit (see instructions)	
202. Principal amount of new loan(s)	125,932.95	502. Settlement charges to Seller (line 1400)	0.00
203. Existing loan(s) taken subject to		503. Existing loan(s) taken subject to	
204. Cash Payment & Closing Costs		504. Payoff of first mortgage loan	
205.		505. Payoff of second mortgage loan	
206.		506.	
207		507.	
208.		508.	
209		509.	
Adjustments For Items Unpaid By Seller:		Adjustments For Items Unpaid By Seller:	
210. City/Town Taxes		510. City/Town Taxes	
211. County Taxes		511. County Taxes	
212. Assessments		512. Assessments	
213.		513.	
214.		514.	
215.		515	
216.		516.	
217.		517.	
218.		518.	
219.		519.	
220. Total Paid By/For Borrower	125,932.95	520. Total Reductions In Amount Due Seller	0.00
300. Cash at Settlement from/to Borrower		600. Cash at Settlement to/from Seller	
301. Gross amount due from Borrower (line 120)	125,932.95	601. Gross amount due to Seller (line 420)	0.00
302. Less amount paid by/for Borrower (line 220)	125,932.95	602. Less reductions in amount due Seller (line 52	0.00
303. Cash FROM/TO Borrower:	0.00	603. Cash TO/FROM Seller:	0.00

ESCROW FILE NUMBER: 01575648-515 VW1

OMB No. 2502-0265

L. SETTLEMENT CHARGES:

	Paid from Borrower's Funds at Settlement	Paid from Seller's Funds at Settlement
700. Total Sales/Broker's Commission:		
Based on Price $ @ % =		
Division of Commission (line 700) follows:		
701. $ to		
702. $ to		
$ to		
703. Commission paid at settlement		
704		
800. Items Payable In Connection With Loan:		
801 Loan Origination Fee		
802. Loan Discount Fee % to American General Finance	3,600.00	
803. Appraisal Fee to Action Apraisal	400.00	
804 Credit Report		
805. Lenders inspection Fee		
806. Mortgage Insurance Application Fee		
807. Assumption Fee		
808. Tax Service Fee to ZC Sterling	59.00	
809. Customer Insurance to American General Finance	1,199.95	
810		
811		
900. Items Required By Lender To Be Paid In Advance:		
901. Interest		
902. Mortgage Insurance Premium		
903. Hazard Insurance Premium		
904.		
905.		
1000. Reserves Deposited With Lender:		
1001 Hazard Insurance		
1002. Mortgage Insurance		
1003. City Property Taxes		
1004. County Property Taxes		
1005. Annual Assessments		
1006.		
1007.		
1008. Aggregate Adjustment months @$	0.00	
1100. Title Charges:		
1101. Settlement or closing fee to Transnation Title Insurance Company	75.00	
1102. Abstract or title search		
1103. Title examination		
1104. Title insurance binder		
1105. Document preparation		
1106. Notary Fees		
1107. Attorney's Fees		
(includes above item numbers:)		
1108. Title Insurance		
(included above item 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	
1117 Affidavit of Affixture to Transnation Title Insurance Company	60.00	
1200. Government Recording and Transfer Charges		
1201. Recording Fees: Deed$ Mortgage $ Release $	50.00	
1202. City/County tax/stamps		
1203. State tax/stamps		
1204. City Transfer Tax		
1205. County Transfer Tax		
1206.		
1207.		
1300. Additional Settlement Charges:		
1301. Survey		
1302. Pest Inspection		
1303 Payoff to [redacted]	55,729.01	
1304.		
1305.		
1306.		
1307.		
1400. Total Settlement Charges (Enter on line 103,Section J and line 502, Section K)	61,644.91	0.00

Janice K. Brewer
Governor

Gene Palma
Director

DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
(602) 364-1003
(602) 364-1052 FAX

OFFICE OF ADMINISTRATION * OFFICE OF MANUFACTURED HOUSING * OFFICE OF STATE FIRE MARSHAL

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 shown below, I/we authorize the depository to release any and all information relative to the trust or escrow account to the Assistant Director of the Department of Fire, Building and Life Safety, 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 Business Name)

On this_____ day of _____, 20____, before me personally appeared with satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed the same.

NOTARY PUBLIC_____COMMISSION EXPIRES _____

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