

Marty Wright Home Sales, Inc.

10201 Andrew Jackson Highway
Laurel Hill, NC 28351
(910) 563-9933

BRES1810.0014

BUYER(S) <u>NC PROPERTY INVESTORS</u>		PHONE <u>719-763-2435</u>	DATE <u>8-7-17</u>
ADDRESS <u>P.O. Box 150, CLAYTON, NC 27528</u>		SALESPERSON <u>DUB ROBSON</u>	
DELIVERY ADDRESS <u>19 CARP LANE, DUNN, NC 28334</u>			
MAKE & MODEL <u>COTBILT 1466379-LDR</u>	YEAR <u>2020</u>	BEDROOMS <u>3</u>	FLOOR SIZE <u>66</u> SQ FT
SERIAL NUMBER <u>SRHCAZM1091</u>	COLOR <u>DRIFTWOOD</u>	PROPOSED DELIVERY DATE	STOCK NUMBER
LOCATION		R-VALUE	THICKNESS
CEILING	<u>20</u>	<u>R-19</u>	<u>2x6</u>
EXTERIOR	<u>11</u>	<u>R-11</u>	<u>STAIR</u>
FLOORS	<u>22</u>		
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16.			
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		BASE PRICE OF UNIT <u>\$211,261</u>	
NON-TAXABLE ITEMS		OPTIONAL EQUIPMENT	
VARIOUS FEES AND INSURANCE		SUB-TOTAL \$	
CASH PURCHASE PRICE		SALES TAX <u>699.47</u>	
TRADE-IN ALLOWANCE \$		NON-TAXABLE ITEMS	
LESS BAL. DUE on Above \$		VARIOUS FEES AND INSURANCE <u>52.00</u>	
NET ALLOWANCE \$		CASH PURCHASE PRICE <u>207,645.47</u>	
CASH DOWN PAYMENT \$		TRADE-IN ALLOWANCE \$	
CASH AS AGREED <u>207,645.47</u>		LESS BAL. DUE on Above \$	
LESS TOTAL CREDITS \$		NET ALLOWANCE \$	
SUB-TOTAL \$		CASH DOWN PAYMENT \$	
SALES TAX (If Not Included Above)		CASH AS AGREED <u>207,645.47</u>	
Unpaid Balance of Cash Sale Price \$ <u>2,220</u>		LESS TOTAL CREDITS \$	
Dealer and Buyer certify that the additional terms and conditions printed on the other side of this Agreement are agreed to as a part of this Agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.			
ESTIMATED RATE OF FINANCING _____ %		SUB-TOTAL \$	
NUMBER OF YEARS _____		SALES TAX (If Not Included Above)	
ESTIMATED MONTHLY PAYMENTS \$ _____		Unpaid Balance of Cash Sale Price \$ <u>2,220</u>	
THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS AGREEMENT.			
BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.			
I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.			
NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE:			
DESCRIPTION OF TRADE-IN	YEAR	SIZE	
MAKE	MODEL	BEDROOMS	
TITLE NO.	YEAR	COLOR	
AMOUNT OWING TO WHOM			
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER			
Marty Wright Home Sales, Inc. DEALER		SIGNED <u>[Signature]</u> BUYER	
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent		SOCIAL SECURITY NO. _____	
By <u>[Signature]</u>		SIGNED <u>[Signature]</u> BUYER	
		SOCIAL SECURITY NO. _____	

North Carolina Division of Motor Vehicles
TITLE APPLICATION

CHECK Appropriate Block/s (Application cannot be processed without certification of services)

- | | | |
|---|--|---|
| <input type="checkbox"/> Title Only - Vehicle Not in Operation | <input type="checkbox"/> Truck Weight Desired _____
(This includes the truck, trailer and load) | For Hire Vehicle
<input type="checkbox"/> Yes or <input type="checkbox"/> No |
| <input type="checkbox"/> Title and License Plate
Class of License _____ | <input type="checkbox"/> Plate No. Transferred _____
(List Plate Number and Expiration) | |
| <input type="checkbox"/> Inoperable Vehicle - Vehicle substantially disassembled
and unfit or unsafe to be operated on the highway | <input type="checkbox"/> Limited Registration Plate
(When property taxes are deferred) | |

I certify that all the above information is correct. _____ (Customer's Initials)

VEHICLE SECTION

YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER	FUEL TYPE	ODOMETER READING
2020	SCOTBILT	MH	LEADER	SBHGA21901091		

OWNER SECTION

Owner 1 ID # 000025040989 **NO PROPERTY INVESTERS**
Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name _____
Owner 2 ID # _____
Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name _____
Joint applicants request this title to be issued with Joint Tenants with Rights of Survivorship? Check appropriate block: Yes No

Residence Address (Individual) Business Address (Firm) City and State Zip Code
5212 US HWY 70 BUSINESS W CLAYTON NC 27520
Mail Address (if different from above) City and State Zip Code
PO BOX 190 CLAYTON NC 27528
Vehicle Location Address (if different from residence address above) City and State Zip Code Tax County

LIEN SECTION

FIRST LIEN		Account #	SECOND LIEN		Account #
Date of Lien	Maturity Date (MH)		Date of Lien	Maturity Date (MH)	
Lienholder ID #	Lienholder Name		Lienholder ID #	Lienholder Name	
Address			Address		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		

I certify for the motor vehicle described above that I have financial responsibility as required by law.

Insurance Company authorized in N.C. _____

Policy Number _____

Purchased	Purchase Date	From Whom Purchased (Name and Address)	N.C. Dealer No.	Is this vehicle leased? If Yes, Attach Form MVR-330	Equipment #
<input type="checkbox"/> New <input type="checkbox"/> Used			46060	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DISCLOSURE SECTION

All motor vehicle records maintained by the North Carolina Division of Motor Vehicles will remain closed for marketing and solicitation unless the block below is checked.
 I (We) would like the personal information contained in this application to be available for disclosure.

APPLICATION MUST BE SIGNED IN INK BY EACH OWNER OR AUTHORIZED REPRESENTATIVE OF FIRMS OR CORPORATIONS.

I (we) am (are) the owner(s) of the vehicle described on this application and request that a North Carolina Certificate of Title be issued. I (we) certify that the information on the application is correct to the best of my (our) knowledge. The vehicle is subject to the liens named and no others. If a registration plate is issued or transferred, I (we) further certify that there has not been a registration plate revocation and that liability insurance is in effect on this vehicle on the date of this application as required by the North Carolina Financial Security Act of 1957.

OWNER'S SIGNATURE: Ne Property Investments LLC
Date: 02/22/2019 County: SCOTLAND State: NC

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____ (name(s) of principal(s)).

Notary Signature: Carrie S Knight Notary Printed or Typed Name: CARRIE S KNIGHT

My Commission Expires 04/17/2022