

**Marty Wright Home Sales, Inc.**

10201 Andrew Jackson Highway  
Laurel Hill, NC 28351  
(910) 583-9933

BLES1810.0015

BUYER(S) <i>NC PROPERTY INVESTORS</i>		PHONE <i>719-763-2435</i>	DATE <i>8-7-19</i>
ADDRESS <i>P.O. BOX 190, CLAYTON, NC 27528</i>		SALESPERSON <i>17009 Robson</i>	
DELIVERY ADDRESS <i>128 CAROL LANE, DUNN, NC 28334</i>			
MAKE & MODEL <i>SCOTBILT 1466379-UDR</i>	YEAR <i>2020</i>	BEDROOMS <i>3</i>	FLOOR SIZE <i>66</i>
SERIAL NUMBER <i>SPBHGZ19D1092</i>	COLOR <i>DRIFTWOOD</i>	HITCH SIZE <i>14.70</i>	STOCK NUMBER
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		PROPOSED DELIVERY DATE	
LOCATION	R-VALUE (THICKNESS)	TYPE OF INSULATION	BASE PRICE OF UNIT
CEILING	<i>28</i>	<i>ENERGY</i>	OPTIONAL EQUIPMENT
EXTERIOR	<i>12</i>	<i>STAR</i>	
FLOORS	<i>12</i>		
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16			SUB-TOTAL \$
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES			SALES TAX
			<i>1699.97</i>
			NON-TAXABLE ITEMS
			VARIOUS FEES AND INSURANCE
			CASH PURCHASE PRICE
			<i>30164.54</i>
<i>FACTORY DIRECT</i>			TRADE-IN ALLOWANCE \$
			LESS BAL. DUE on above \$
			NET ALLOWANCE \$
			CASH DOWN PAYMENT \$
			CASH AS AGREED \$
			<i>30164.54</i>
			LESS TOTAL CREDITS \$
			SUB-TOTAL \$
			SALES TAX (if Not Included Above)
			Unpaid Balance of Cash Sale Price \$
			<i>0.00</i>
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			%
BALANCE CARRIED TO OPTIONAL EQUIPMENT			\$
NUMBER OF YEARS			
ESTIMATED MONTHLY PAYMENTS \$			
All used homes are sold "AS IS" No Warranty. Dealer NOT responsible for any repairs for any reason (For example but not limited to the following: leaks, mold, mildew, water damage, structural damage, roof repairs, plumbing, electrical, etc.) Buyer understands completely that the Dealer is NOT responsible for any repairs or damages to my Used Home. I acknowledge that the Dealer may use the funds from my deposit to complete the contract entered into on this purchase agreement, including, but not limited to site, preparation, conducting a title search, the issuance of the permits, etc.			
NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.			
DESCRIPTION OF TRADE-IN	YEAR	SIZE	
MAKE	MODEL	BEDROOMS	
TITLE NO.	SERIAL NO.	COLOR	
AMOUNT OWING TO VENDOR			
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 X <i>[Signature]</i> BUYER	
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent		SOCIAL SECURITY NO.	
BY <i>[Signature]</i> Approved		SIGNED X 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 _____<br>(This includes the truck, trailer and load) | For Hire Vehicle<br><input type="checkbox"/> Yes or <input type="checkbox"/> No |
| <input type="checkbox"/> Title and License Plate<br>Class of License _____  | <input type="checkbox"/> Plate No. Transferred _____<br>(List Plate Number and Expiration)         |   |
| <input type="checkbox"/> Inoperable Vehicle - Vehicle substantially disassembled<br>and unfit or unsafe to be operated on the highway | <input type="checkbox"/> Limited Registration Plate<br>(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	SBHGA21901092		

**OWNER SECTION**

Owner 1 ID # 000025040989 NC 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 (Individuals) 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 (MM)		Date of Lien	Maturity Date (MM)	
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	---	---	<b>46060</b>	<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 LINK 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 NC Property Investors by J.A. member manager  
Date 08/22/2019 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