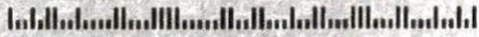


STATE OF NORTH CAROLINA

MVR 191 (Rev 01/06)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER <b>W171423</b> TITLE NUMBER <b>779281061524034</b>	YEAR MODEL <b>1980</b>	MAKE <b>SCHU</b> TITLE ISSUE DATE <b>06/17/2006</b>	BODY STYLE <b>MH</b> PREVIOUS TITLE NUMBER <b>774170982666034</b>
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**KAREN PRICE DALRYMPLE**  
**1900 MORGAN HILL RD**  
**MONROE NC 28110-3647**

MAIL TO

ODOMETER READING
ODOMETER STATUS
TITLE BRANDS

OWNER(S) NAME AND ADDRESS

**KAREN PRICE DALRYMPLE**  
**1900 MORGAN HILL RD**  
**MONROE NC 28110-3647**



The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title for the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate.

As WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date.

*[Signature]*  
COMMISSIONER OF MOTOR VEHICLES

FIRST LIENHOLDER:	DATE OF LIEN	LIEN RELEASED BY:
		SIGNATURE _____
		TITLE _____ DATE _____

SECOND LIENHOLDER:	DATE OF LIEN	LIEN RELEASED BY:
		SIGNATURE _____
		TITLE _____ DATE _____

THIRD LIENHOLDER:	DATE OF LIEN	LIEN RELEASED BY:
		SIGNATURE _____
		TITLE _____ DATE _____

FOURTH LIENHOLDER:	DATE OF LIEN	LIEN RELEASED BY:
		SIGNATURE _____
		TITLE _____ DATE _____

ADDITIONAL LIENS:

**82090671**

034 T1C0344

ANY ALTERATIONS OR ERASURES VOID TITLE

BR174 Need New Assignment without Buyer name on principle in 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.

**A FIRST RE-ASSIGNMENT OF TITLE BY REGISTERED OWNER**

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

Name of Buyer: Eleanora P. Chance  
 Address of Buyer: 2138 Joel Johnson RD Lillington NC 27546

"I, seller(s) 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."

1. The mileage stated is in excess of its mechanical limits.  
 2. The odometer reading is not the actual mileage.

**WARNING — ODOMETER DISCREPANCY**


To my knowledge the vehicle described herein:  
 Yes  No  Has been involved in a collision or other occurrence to the extent that the cost to repair exceeds 25% of fair market value.  
 Yes  No  Has been a flood vehicle.  
 Yes  No  Has been a reconstructed or a salvage vehicle.

Date vehicle delivered to purchaser \_\_\_\_\_

X Seller(s) Signature: Karen Price Dalrymple  
 X Seller(s) Hand Printed Name: Karen Price Dalrymple  
 Date: 1-13-2012 County: Moore State: NC

I certify that the following person(s) personally appeared before me this day, each acknowledging the foregoing document for the purpose stated therein and in the capacity indicated:

Karen Dalrymple & Eleanora P. Chance  
 Notary Public Signature: Melinda F. Frederick  
 Notary's Printed or Typed Name: Melinda F. Frederick  
 My commission expires: August 8, 2013  
 Buyer(s) Signature: Eleanora P. Chance  
 Buyer(s) Hand Printed Name: Eleanora P. Chance



**B FIRST RE-ASSIGNMENT OF TITLE BY DEALER**

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

Name of Buyer: Eleanora P. Chance  
 Address of Buyer: 2138 Joel Johnson RD Lillington NC 27546

"I, seller(s) 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."

1. The mileage stated is in excess of its mechanical limits.  
 2. The odometer reading is not the actual mileage.

**WARNING — ODOMETER DISCREPANCY**


To my knowledge the vehicle described herein:  
 Yes  No  Has been involved in a collision or other occurrence to the extent that the cost to repair exceeds 25% of fair market value.  
 Yes  No  Has been a flood vehicle.  
 Yes  No  Has been a reconstructed or a salvage vehicle.

Date vehicle delivered to purchaser \_\_\_\_\_

Dealer(s) Name: \_\_\_\_\_ Dealer # \_\_\_\_\_  
 Dealer(s) Signature: Karen Price Dalrymple  
 Dealer(s) Hand Printed Name: Karen Price Dalrymple  
 Date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging the foregoing document for the purpose stated therein and in the capacity indicated:

Karen Price Dalrymple  
 Notary Public Signature: Melinda F. Frederick  
 Notary's Printed or Typed Name: Melinda F. Frederick  
 My commission expires: August 8, 2013  
 Buyer(s) Signature: Eleanora P. Chance  
 Buyer(s) Hand Printed Name: Eleanora P. Chance



**C PURCHASER'S APPLICATION FOR NEW CERTIFICATE OF TITLE**

The undersigned purchaser of the vehicle described on the face of this certificate, hereby makes application for a new certificate of title and certifies that said vehicle is subject to the following named liens and none other and that the information contained herein is true and accurate to my best knowledge and belief.

OWNER(S)  
 Owner 1 DL# \_\_\_\_\_ Full Legal name of Owner (First, Middle, Last, Suffix) or Company \_\_\_\_\_  
 Owner 2 DL# \_\_\_\_\_ Full Legal name of Owner (First, Middle, Last, Suffix) or Company \_\_\_\_\_

Residence Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Tax County \_\_\_\_\_

Mail Address (if different from above) \_\_\_\_\_

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

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

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Authorized in NC \_\_\_\_\_

Signature of Owner(s) \_\_\_\_\_  
 Date \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

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 Public Signature \_\_\_\_\_  
 Notary's Printed or Typed Name \_\_\_\_\_  
 My commission expires \_\_\_\_\_

(SEAL)

NOTE: RETAIL PURCHASER MUST APPLY FOR NEW TITLE WITHIN 28 DAYS AFTER PURCHASE OR PAY STATUTORY PENALTY. ALTERATIONS OR ERASURES WILL VOID THIS TITLE.



# MOBILE HOME TAX PERMIT

COUNTY OF Macon  
STATE OF NORTH CAROLINA

PERMIT NUMBER 93  
Date 1/12/12

Permission is granted to:

Joel Thomas & Marie 123 Joel Thomas Rd Lenoir, NC 28646

Owner Address

1016 WALK (LINDSEY HOME #1) WALKER RD

Carrier Address

to move the following mobile home:

Make	Model	Size	Serial Number
<u>VIA</u>	<u>CHU</u>	<u>14x66</u>	<u>02-11413</u>

From: LRV-1144  
Address

To: 123 Joel Thomas Rd Lenoir, NC (Hill County)  
Address

This permit is issued in accordance with provisions of G.S. 105-316.1 through G.S. 105-316.8 of the General Statutes of North Carolina.

This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during its transportation.

**THIS PERMIT VALID FOR THIS MOVE ONLY.**

E. Allen Cunningham, LLC  
County-City Tax Collector