May 3, 2011

Mr. Del Conte:

The plumbing contracting has been changed from First Choice Plumbing to Bobby's Plumbing.

License # 22007.

Application # 11-500-26384

Application # 11 - 500 - 26394

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telepho te Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Manufactured Home Set-Up Permit (Please fill out each part completely)

Home	-Owner Information: Owner Information (T	o be completed	by owner of the manufactured home)			
Name:	Jane Shot	Kley	Address: 280 Hillmon Gnove Rd.			
City: <u>C</u>	Ameron	State: 🕰	Zip: 48326 Daytime Phone: (910) 496-0600			
Lando	wner Information (To	be completed b	by landowner, if different than above)			
Name:			Address:			
City: _		State:	Zip: Daytime Phone: ()			
Part II	- Contractor Inform	ation (To be co	impleted by Contractors or Homeowner, if applicable. Idress, & phone must match information on license)			
A.	Set-Up Contractor	Company Nam	nechoos mobile Home Transit			
	Phone: 850 -1	2572 /	Address: P. O. Box 35595			
1.0	City: Fandles	110 5	State: 42.6. Zip: 28303			
	State Lic# 353	a	Email: Choochoohomes ONC . FF. COM			
В.	Electrical Contrac	tor Company N	Vame: Regional Electric Company			
	Phone: (919) 478	-5964	Address: 211 Honse Form Lane			
	City: CAMEDON		State: 00 . C · Zip: 2832 (c			
10	State Lic# 1874	9-1	Email:			
C.	Mechanical Contractor Company Name: Total Systems Heating & Cooling Inc.					
1	Phone: 910-1340.	3450	Address: 13341 Hux 20 Saxh			
	City: Springhal	re	State: NC Zip: 28390			
8	State Lic# 2784	6 H3	Email: total systems @nc. rr. Com			
D.	Plumbing Contractor Company Name: Bobby's Plumbing					
	Phone: 910 -73	4-3771	Address: Lal monroe hoed			
	City: St. Boul	3	State: Zip: 28384			
	State Lic# 220	07	Email:			
Part I	II - Manufactured He	ome Informatio	on			
Mode	Year: 1999 Siz	2028 × 76	Complete & follow zoning criteria sheet			
Park	Name:		Lot Number:			
inform	nation and have obtaine ation will conform to the ance. I understand that	d their permissions	pply for this permit, that the application is correct including the contract on to purchase these permits on their behalf, and that the construction anufactured home set-up requirements, and the Harnett County Zoni incorrect or false information has been provided that this permit could			
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	~ 63~ .	4-19-2011			

*Effective July 1, 2004, a Coulty <u>Tax Department Moving Permit</u> must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the **Form 500** and if available, th∈ serial number.

List of inspections and Egressrequirements available upon request. Progress Energy customers must provide Premise Number.

Date

Signature of Home Owner on Agent

Application # 11 - 500 - 26394

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telepho e Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

PR 25	ENT'D	Application for Manufactured Home Set-Up Permit (Please fill out each part completely)	
Part I -C	Owner Informs	ion: (To be completed by owner of the manufactured home) DATE	
Home O	wner Informati	ockley Address: 280 Hillmon Gnove Rd.	
Name: >	Janes	Dehley	
		State: 0.0 Zip: 28326 Daytime Phone: (10) 496-0600	
Landow	mer Information	(To be completed by landowner, if different than above)	
Name:		Address:	
City:		State: Zip: Daytime Phone: ()	
Part II -		ormation (To be completed by Contractors or Homeowner, if applicable. Name, address, & phone must match information on license)	
A.	Set-Up Contr-	ctor Company Name Choos Mobile Home Trons	
	Phone: 85	-10572 Address: P.O. Box 35595	
	City: Faud	State: no.t. Zip: 88303	
	State Lic#	State: no.c. Zip: 28303 Email: Choochoohomes onc. rr. com	
В.	Flectrical Co	tractor Company Name: Regional Electric Company	
	Phone:(919)	19-5964 Address: 214 Honse Form Lare	
	City: Carre	State: 0.0. Zip: 283210	
	State Lint 10	THO -1 Email:	
C.	Mechanical C	ontractor Company Name: Total Sustans Heating & Cooling Inc	
	Phone: 915-L	46:3450 Address: 13341 Husy 210 Sush	
	City: Spring	state: NC Zip: 28390	
	Cental int	SULLA H3 Fmail: total Systems @nc. rr. com	
D.	Plumbing Co	stractor Company Name: 1st Choice Plumbing	
U .	Phone: 918	897-4458 Address: 1140 Tunington Bood	
	City: Dunc	State: oc Zip: 29334	
	State Lic# 5	ล. 705 Email:	
100 - 771			
Part II	I – Manufactur	d Home Information	
Model	Year: 1999	_Size 28_x 16 Complete & follow zoning criteria sheet	
Park N	Vame:	Lot Number:	
informa	ation and have c	we the authority to apply for this permit, that the application is correct including the contract tained their permission to purchase these permits on their behalf, and that the construction to the applicable manufactured home set-up requirements, and the Harnett County Zoning that if any item is incorrect or false information has been provided that this permit could	ng

revoked.

Signature of Home Owner on Agent

*Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the **Form 500** and if available, the serial number. List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.



BILL OF SALE

Date:

April 7, 2011, in Maryville, Tennessee.

Sold To

JANE S. SHOCKLEY

Address: 290 HILLMON GROVE RD

CAMERON, NC 28326

Make: OAKWOOD Approximate Year: 1999

Approximate Size:

WIDTH: 28 X LENGTH: 76

Serial No.: HONC02235114

Seller hereby agrees this sale has been closed; the complete transaction is understood; the Buyer has had reasonable OPPORTUNITY TO INSPECT; the specifications, price, and all other aspects and terms of the transaction are accepted. Home is sold AS IS / WHERE IS, with no warranties either expressed or implied. All decisions including price are based upon Buyer's inspection of the home and not on any representations as to size or year model. Seller makes no guarantees as to any lien imposed by a state, county, city, ordinance or other entity for taxes, storage, rents, waste disposal, or otherwise, which is not recorded on the title. Any and all liens not recorded on the title are the buyer's responsibility.

Buyer is responsible to re-title home within the period specified by state guidelines. Vanderbilt Mortgage & Finance, Inc. will assist in re-titling the home within 60 days from date of sale by providing all necessary documents needed to re-title, without charge. This may not apply to homes permanently affixed to real property and recorded on the Deed of Trust. Charges may apply to buyer after 60 days.

* Very important* If applicable, additional forms needed to transfer ownership may be included in the package with the bill of sale and original titling document. The original forms must be presented to the DMV (or your local titling office) at the time of ownership transfer. If they are lost or misplaced, VMF may charge a fee to re-produce them.

Sold For:

\$24900.00

Seller:

VANDERBILT MORTGAGE AND FINANCE, INC B

Address:

PO BOX 4398, MARYVILLE, TN 37802

Phone:

(865)380-3000 EXT: 5814

Ref#:

454025

Sworn and subscribed before me on the date state

Notary Public

My commission expires:

P.O. Box 4398, Maryville, TN 37802 • 500 Alcoa Trail, Maryville, TN 37804 • www.vmfrepos.com

Phone: 865.380.3000 • Fax: 865.380,3797 • Toll Free: 888.810.3541