

Attachment 15

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION**

DUANE M. OVERHOLT,)	
Plaintiff,)	
)	
v.)	Case No. 99-2416-Civ-T-23F
)	
SONIC AUTOMOTIVE - 21699)	
U.S. HWY. 19 N., INC.,)	
d/b/a Clearwater Mitsubishi,)	
Defendant.)	

AFFIDAVIT OF RENE BRASHOLT

STATE OF FLORIDA)	
)	ss:
COUNTY OF PINELLAS)	

BEFORE ME, the undersigned Notary Public, personally appeared Rene Brasholt, who deposes and says:

1. I am Rene Brasholt, an adult individual residing in Pinellas County, Florida.
2. On December 23, 1998, my wife and I purchased a used 1994 Chevrolet Camaro from Clearwater Mitsubishi. At the time of the sale, I signed a warranty application form with Easy Care, at no. EF866309, for coverage for 48 months or 50,000 miles. (Copy attached hereto as Exhibit "A".)
3. On June 29, 1999, I sought my first repairs to the Camaro at Maher Chevrolet, 2901 34th St. N., St. Petersburg, Florida. When the repair was reported to the warranty company, service manager Mike Olski told me that my car actually

had a 36-month/35,000-mile warranty.

4. A true and correct copy of the Maher Chevrolet invoice from my first repair of the Camaro, dated June 29, 1999, is attached hereto as Exhibit "B".

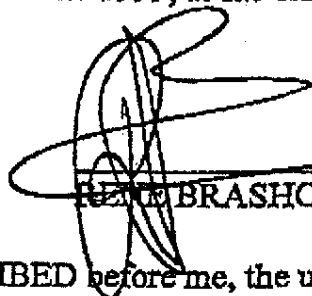
5. After my initial visit to Maher Chevrolet in June 1999, I reported the warranty problem to the warranty company. Later, I received a telephone call from David Mulder of Clearwater Mitsubishi, who asked me to come to the dealership to verify my signature on the warranty contract.

6. In September 1999, I visited Clearwater Mitsubishi. There, I was shown a warranty application form that contained a forgery of my signature. I do not know who forged my signature, nor when the forgery occurred between December 23, 1998, and September 1999.

7. David Mulder told me that the matter involved "fraud", and so I included that term in my letter to him of October 22, 1999. (A copy is attached hereto as Exhibit "C".)

8. I did not have any communication to or from Clearwater Mitsubishi about the warranty problem until late June 1999, at the earliest.

Further affiant sayeth not.


RENE BRASHOLT

SWORN TO AND SUBSCRIBED before me, the undersigned Notary

Affidavit of Rene Brasholt
Page Three

Public, by Rene Brasholt, who provided a Florida Dr. License
as identification on this 5 day of October, 2000.

Tonja L. Ransinger
Notary Public
My commission expires:



TONJA L. RANSINGER
My Comm Exp. 10/29/2000
Bonded By Service Ins
No. CC697103
☒ Personally Known ☐ Other

Installment Sale Contract — Motor Vehicle

is of Birth _____
 Seller hereby sells, and the Buyer (meaning all undersigned Buyers, jointly and severally) hereby purchases, subject to the terms set forth below and upon the reverse side hereof, the following property (which, together with any and all replacements thereof and additions thereto, is herein called the "property"), delivery and acceptance of which in good order is acknowledged by Buyer, viz:

Year of Use	Year Model	No. Cyl.	Make Trade Name	Body Type If Truck, Give GVW	Model Number or Series	Manufacturer's Serial No.	Motor No.

Equipped with ☐ Radio ☐ Automatic Trans. ☐ Power Steering ☐ Power Windows ☐ High Performance Engine - Cu. In Disp. _____ H.P.
☐ Vinyl Roof ☐ Speed Trans. ☐ Power Brakes ☐ Power Seats ☐ Air Conditioning

Other _____

ANNUAL PERCENTAGE RATE

The cost of your credit as a yearly rate.

%

FINANCE CHARGE

The dollar amount the credit will cost you.

\$ 6200.15

Amount Financed

The amount of credit provided to you or on your behalf.

\$ 13587.89

Total of Payments

The amount you will have paid after you have made all payments as scheduled.

\$ 19796.04

Total Sale Price

The total cost of your purchase on credit, including your downpayment of

\$ 500.00

\$ 20296.04

Your payment schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
66	299.94	Monthly-Beginning

Insurance: Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless you sign and agree to pay the additional cost.

Type	Premium	Signature
Credit Life		I want credit life insurance. _____ Signature
Credit Disability	N/A	I want credit disability insurance. _____ Signature
Credit Life and Disability	N/A	I want credit life and disability insurance. _____ Signature

You may obtain property insurance from anyone you want that is acceptable to the Seller. If you get the insurance from the Seller you will pay _____ for a term of one year.

Security: You are giving a security interest in the goods or property being purchased.

Late Charge: If a payment is received more than ten (10) days after the due date, you will be charged five (5%) percent of the payment.

Prepayment: If you pay off early, you may be entitled to a refund of part of the finance charge.

See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

FINANCIALIZATION OF AMOUNT FINANCED

Cash Price (including any accessories, services, and taxes imposed on the cash sale) \$ 12620.79

Total Downpayment = Net Trade-In \$ N/A + Cash Downpayment \$ 500.00 \$ 500.00

Your Trade-In is a

Year

Make

Model

\$ 12120.79

Unpaid Balance of Cash Price (1 minus 2)

Other Charges Including Amounts Paid to Others on Your Behalf

Cost of Physical Damage Insurance Paid to Insurance Company Covering Damage to the Vehicle (Liability insurance coverage for bodily injury and property damage to others is not included.) \$ N/A

Cost of Optional Credit Insurance for the Term of this Contract Paid to Insurance Company Life \$ N/A Disability, Accident and Health \$ N/A

Official Fees Paid to Government Agencies

Documentary Stamps

Government License and/or Registration Fee

Government Certificate of Title Fees

Other Charges (Seller must identify who will receive payment and describe purpose)

for SERVICE AGREEMENT

Total Other Charges and Amounts Paid to Others on Your Behalf

\$ 1467.10

Security: You are giving a security interest in the goods or property being purchased.
Late Charge: If a payment is received more than ten (10) days after the due date, you will be charged five (5%) percent of the payment.
Prepayment: If you pay off early, you may be entitled to a refund of part of the finance charge.
See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

FINANCIATION OF AMOUNT FINANCED
Cash Price (including any accessories, services, and taxes imposed on the cash sale) \$ 12520.79
Total Downpayment = Net Trade-In \$ N/A + Cash Downpayment \$ 500.00 \$ 500.00
Your Trade-In is a _____ Year _____ Make _____ Model _____ \$ 12120.79

Unpaid Balance of Cash Price (1 minus 2)

Other Charges Including Amounts Paid to Others on Your Behalf:

1. Cost of Physical Damage Insurance Paid to Insurance Company Covering Damage to the Vehicle (Liability Insurance coverage for bodily injury and property damage to others is not included.) \$ N/A
2. Cost of Optional Credit Insurance for the Term of this Contract Paid to Insurance Company \$ N/A
Life \$ N/A Disability, Accident and Health \$ N/A
3. Official Fees Paid to Government Agencies \$ 1.50
4. Documentary Stamps \$ 47.60
5. Government License and/or Registration Fee \$ 202.00
6. Government Certificate of Title Fees ELECTRONIC FILING FEE \$ 16.00
7. Other Charges (Seller must identify who will receive payment and describe purpose) \$ 1200.00
to _____ for SERVICE AGREEMENT \$ N/A
to _____ for _____ \$ N/A

Total Other Charges and Amounts Paid to Others on Your Behalf \$ 1467.10

Amount Financed — Unpaid Balance (amount of credit you will get) (3 + 4) \$ 13587.89

Buyer agrees to pay the Total of Payments at Seller's office designated below or at such office of any assignee as may be hereafter designated, in accordance with the above payment schedule.

DESCRIPTION OF SECURITY INTEREST: Seller retains an interest in the property described in this contract to secure payment and performance of Buyer's obligation under this contract. Any additional indebtedness represented by amounts which may be expected by Seller (1) in release or discharge of taxes, liens and encumbrances and (2) to procure required physical damage insurance on the property, as provided in this contract, shall also be secured by this security interest. The security interest granted hereby covers replacement of and additions to the property and shall also secure any and all other or future indebtedness and obligations of Buyer to Seller or Seller's assignee of this contract. Seller's security interest authorizes repossession in the event of default.

In the event of a default, in addition to the rights set forth on the reverse side thereof, Seller shall have the right, at any time at its option, to declare the aggregate sum then remaining unpaid hereunder, less unearned interest or finance charges, immediately due and payable without notice or demand. If this contract is, after default, referred to an attorney for collection or enforcement, Buyer(s) agrees to pay an attorney's fee (to be not less than 15% of the amount involved), plus appellate fees, if any, and all other costs, including transportation, repair and storage expenses.

Seller under certain circumstances, (See reverse side) has the right to accelerate. In either event Buyer(s) may be entitled to obtain a partial rebate of the unearned FINANCE CHARGE, if any. Such rebate shall be calculated according to the "sum of the digits method" as follows: the amount of such rebate shall represent as great a proportion of the total FINANCE CHARGE (after first deducting an acquisition cost of \$25.00 if motor vehicle is being purchased, or \$15.00 if property other than a motor vehicle is being purchased in this transaction) as the sum of the monthly balances after the month in which prepayment is made, bears to the sum of all the monthly balances under the "Payment Schedule" in this contract. Buyer(s) understands that

ADDITIONAL TERMS AND CONDITIONS set forth on the reverse side hereof, hereby incorporated by reference, constitute a part of this contract. Buyer(s) understands that

Seller intends to assign this contract to _____

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

Buyer understands and agrees that the additional agreements and provisions on the reverse side hereof, hereby incorporated by reference, constitute agreements of the Buyer and a part of this contract.

NOTICE TO BUYER: (A) DO NOT SIGN THIS CONTRACT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. (B) YOU ARE ENTITLED TO AN EXACT COPY OF THE CONTRACT YOU SIGN, KEEP IT TO PROTECT YOUR LEGAL RIGHTS. BUYER ACKNOWLEDGES THAT A FULLY COMPLETED COPY HEREOF WAS DELIVERED TO AND RECEIVED BY BUYER. THIS 2nd DAY OF DEC 19 98

Buyer Signs _____ (Seal) _____ (Street) _____ (Town) _____ (State)
By _____ (Title) _____ (Seal) _____ (Street) _____ (Town) _____ (State)
Seller Signs _____ (Seal) _____ (Street) _____ (Town) _____ (State)
By _____ (If Corp. or Partnership) _____ (Title) _____ (Witness) _____ (Witness)

is signing this agreement only to give Seller a valid security interest and will have personal responsibility for the Total of Payments designated above.

SEE REVERSE SIDE FOR IMPORTANT TERMS AND AGREEMENTS

ORIGINAL

Attachment 17

☐ MOTOR VEHICLE ☐ VESSEL

<input type="checkbox"/> OR <input type="checkbox"/> AND		NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and".		Unit Number		Fleet Number	
Owner's First Name, Full Middle/Maiden Name, Last Name				Date of Birth		Sex	
Co-Owner's First Name, Full Middle/Maiden Name, Last Name				Date of Birth		Sex	
Lessee's First Name, Full Middle/Maiden Name, Last Name				Date of Birth		Sex	
Owner's Mailing Address				City		State	
Co-Owner's / Lessee's Mailing Address				City		State	
Owner's or Lessee's Street Address in Florida (Mandatory)				City		State	

Vehicle / Vessel Identification Number		Make / Manufacturer		Year	Body	Color	Florida Title Number	
Previous State of Issue	License Plate or Vessel Registration Number	Weight	Length FT. IN.		BHP/CC	GVW/LWC		FL Current Date of Issue

☐ Vehicle is: ☐ Vessel is: ☐ SHORT TERM LEASED ☐ LONG TERM LEASED ☐ REBUILT ☐ POLICE VEHICLE ☐ PRIVATE USE ☐ TAXI CAB ☐ FLOOD VEHICLE
☐ ASSEMBLED FROM PARTS ☐ MANUFACTURER'S BUY BACK ☐ REPLICA ☐ COMBINED ☐ KIT CAR ☐ GLIDER KIT

If no lien, Print "NONE"	FEID # or DL # and Sex and Date of Birth	Date of Lien	Lienholder Name		
Lienholder Address		City	State	Zip	

☐ If lienholder authorizes the Department to send motor vehicle or mobile home title to the owner, check box and countersign: _____
If box above is not checked, title will be mailed to the first lienholder.

Signature of Lienholder's Representative _____

IF OWNERSHIP HAS TRANSFERRED, HOW WAS VEHICLE, MOBILE HOME, VESSEL ACQUIRED? ☐ SALE ☐ GIFT ☐ REPOSSESSION ☐ COURT ORDER
☐ OTHER SPECIFY _____ DATE ACQUIRED ____/____/____ ☐ NEW ☐ USED _____

TYPE <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Inflatable			<input type="checkbox"/> Houseboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Airboat <input type="checkbox"/> Sailboat			<input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Canoe <input type="checkbox"/> Other _____ Specify _____			HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other _____ Specify _____			PROPULSION <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other _____ Specify _____			<input type="checkbox"/> Sail <input type="checkbox"/> Air Propelled <input type="checkbox"/> Other _____ Specify _____			FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ Specify _____			*DRAFT OF VESSEL (The depth of water vessel draws) _____ FT. _____ IN. <small>*For all vessels 25 or more in length and all sailboats.</small>																																																		
Use of Vessel <input type="checkbox"/> Pleasure Dealer/Manuf. <input type="checkbox"/> Exempt <input type="checkbox"/> Government												<input type="checkbox"/> Commercial Canoe <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Commercial Hire <input type="checkbox"/> Commercial Sponge												<input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Charter												<input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Commercial Other												Are you a Florida resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an alien? <input type="checkbox"/> Yes <input type="checkbox"/> No						Owner <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No						Co-Owner <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No						Previous Out-of-State Registration Number _____					
Previously Federally Documented Vessel, Attach Copy of:																								<input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Cancelled Documentation Papers												State of Principal Use _____																																			

THIS SECTION REQUIRES A PHYSICAL INSPECTION AND VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES INCLUDING TRAILERS, WITH AN EXCEPTION OF TITL WITH A WEIGHT OF 2000 POUNDS OR MORE NOT PREVIOUSLY TITLED IN FLORIDA.

1, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be: _____ (Vehicle Identification Number)

DATE	SIGNATURE	PRINTED NAME
	<div> <div>Badger ID Number</div> <div>DMV/Tax Collector Employee</div> </div>	Notary or Stamp

Dealer License Number _____ Florida Compliance Examiner / Inspector Badge or ID Number _____

Dealer License Number _____ Florida Compliance Examiner / Inspector Badge or ID Number _____

WARNING: Federal and state law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

WARNING: Federal and state law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

I STATE THAT THIS MOTOR VEHICLE'S ☐ 5 DIGIT OR ☐ 6 DIGIT ODOMETER NOW READS [] [] [] [] [] , [] [] [] [] [] .XX (no Tenths) MILES, DATE READ ____ / ____ / ____, AND

THE SELLER DISCLAIMS LIABILITY FOR IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT UNLESS ONE OF THE FOLLOWING IS CHECKED:

TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT UNLESS ONE OF THE FOLLOWING IS CHECKED:

CAUTION: ☐ 1. IN EXCESS OF ITS MECHANICAL LIMITS. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE ACTUALLY TRAVELED BY THIS VEHICLE.

DO NOT CHECK IF ACTUAL MILEAGE ☐ 2. IS NOT THE ACTUAL MILEAGE. I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. **WARNING — ODOMETER DISCREPANCY**

Florida Sales Tax Registration Number	Date of Sale	Dealer License Number	Amount of Tax	Dealer/Agent Signature
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10. SALES TAX INFORMATION

* EVEN TRADE OR TRADE DOWN - STATE THE FACTS OF THE EVEN TRADE OR TRADE DOWN IN THE SPACE PROVIDED BELOW:

**** TRANSFEROR INFORMATION:**

NAME _____
PRINT TRANSFEROR NAME
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NOTE: ANY PRESUMPTION, REGARDING THE TAXABILITY OF AIRCRAFT, BOATS, MOBILE HOMES, MOTOR VEHICLES, OR OTHER VEHICLES OF A CLASS OR TYPE REQUIRED TO BE REGISTERED, LICENSED, TITLED, OR DOCUMENTED IN THIS STATE OR BY THE UNITED STATES GOVERNMENT, ESTABLISHED BY RULE 12A-1.007,F.A.C., MAY BE REBUTTED ONLY BY CLEAR AND CONVINCING EVIDENCE TO THE CONTRARY. DECLARATIONS AFTER THE FACT ARE OF LITTLE VALUE AS EVIDENCE BECAUSE OF THEIR SELF-SERVING NATURE AND WILL BE GIVEN LITTLE WEIGHT.

11. SALES TAX EXEMPTION CERTIFICATION

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, BY:

☐ PURCHASER (STATE AGENCIES, COUNTIES ETC.) HOLDS VALID EXEMPTION CERTIFICATE. CONSUMER'S CERTIFICATE OF EXEMPTION NO. _____
☐ MOTOR VEHICLE ☐ MOBILE HOME ☐ VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL. SALES TAX REGISTRATION NUMBER _____
I hereby certify that ownership of the motor vehicle, mobile home or vessel described on this application, is not subject to Florida sales and use tax for the following reason: ☐ INHERITANCE ☐ GIFT
☐ DIVORCE DECREE ☐ TRANSFER BETWEEN HUSBAND AND WIFE ☐ *EVEN TRADE OR TRADE DOWN (COMPLETE SECTION 10) ** TRANSFEROR INFORMATION (COMPLETE SECTION 10)
☐ OTHER (EXPLAIN) _____

12. REPOSSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:
☐ I CERTIFY THAT: (1) THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT, (2) FOR MOTOR VEHICLES OR MOBILE HOMES, A CERTIFIED COPY OF WHICH IS ATTACHED TO THIS APPLICATION, (3) FOR VESSELS, A PHOTOCOPY OF WHICH IS ATTACHED TO THIS APPLICATION AND (4) THE MOTOR VEHICLE, MOBILE HOME OR VESSEL IS NOW IN MY POSSESSION.
☐ I CERTIFY THAT THE SALES CONTRACT FOR THE IDENTIFIED MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS PURCHASED ON (DATE) _____ FROM _____

13. NON-USE AND OTHER CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT: ☐ THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE
☐ I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED. ☐ THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE.
☐ OTHER: (EXPLAIN) _____

14. APPLICATION ATTESTMENT AND SIGNATURES

I / WE PHYSICALLY INSPECTED THE ODOMETER AND I / WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.
Signature of Applicant (Owner) _____ Date _____
Signature of Applicant (Co-owner) _____ Date _____

15. RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s), state as follows: That _____ of _____ County, Florida died on the _____ day of _____, 19____ ☐ testate (with a will) ☐ intestate (without a will) and left surviving (him/her) the following beneficiaries:

NAME	RESIDENCE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

That at the time of death the decedent was owner of the motor vehicle, mobile home or vessel described in section 2 of this form. That the estate is not indebted, and the assets of the estate, excluding this motor vehicle, mobile home or vessel are sufficient to pay all just claims and that no probate proceedings have been instituted upon the estate. That the undersigned person(s) hereby release all their right, title, interest and claim as heirs of law, legatees, devisee, or otherwise to the aforesaid motor

vehicle, mobile home or vessel to: _____ Name of Applicant (Type or Print)

Signatures of surviving spouse, co-owner and/or heirs. More than one form HSMV 82040 may be used for additional signatures.
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS SHOULD SUBMIT THIS FORM AND ALL OTHER DOCUMENTATION TO THE LOCAL TAX COLLECTOR'S OFFICE FOR PROCESSING. OUT-OF-STATE MOTOR VEHICLE OR MOBILE HOME APPLICANTS MAY SUBMIT APPLICATION DIRECTLY TO DMSV, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0610.

Attachment 17B**Agreement to Provide
Primary Auto Physical Damage Insurance****IMPORTANT NOTICE TO THE NAMED INSURED (same as Buyer):**

I hereby agree to delivery to _____, Inc. (Lienholder), within 15 days from the date hereof, an insurance policy which will provide Comprehensive and Collision Insurance with a maximum deductible of \$500.00 in the name of the Named Insured as shown below. I will have my policy endorsed with "Automobile Loss Payable Endorsement" in favor of the above named Lienholder. I will deliver this endorsement to _____, Inc. (Lienholder) at:

_____, Inc.

NAMED INSURED:

NAME	FIRST	MIDDLE	LAST
ADDRESS	NUMBER	STREET	CITY STATE ZIP CODE
TEL NO			

VEHICLE INSURED:

YEAR	MAKE	BODY	MODEL	SERIAL NUMBER
------	------	------	-------	---------------

IMPORTANT NOTICE TO BUYER:

Please forward goldenrod copy of this form to your insurance agent to assist in providing the proper proof of coverage.

REQUEST FOR CONFIRMATION OF INSURANCE**INSURANCE AGENT:**

NAME	
NUMBER AND STREET	
CITY, STATE ZIP CODE	
TELEPHONE NUMBER	

INSURANCE COMPANY:

NAME	
POLICY NUMBER	
EFFECTIVE DATE	FROM TO
COVERAGE	<input type="checkbox"/> COMPREHENSIVE \$ _____ DEDUCTIBLE <input type="checkbox"/> COLLISION \$ _____ DEDUCTIBLE

IMPORTANT NOTICE TO AGENT:

The individual identified above has informed us that physical damage insurance, also referred to as "Comprehensive and Collision," covering the vehicle described above has been obtained through you.

If the policy has deductibles in excess of \$500 and/or does not contain the standard loss payee/lienholder endorsement naming _____, Inc. at the address below, we will request that these changes be made. Your records and those of your insurance carrier should reflect _____ interest. Please provide _____ with a copy of the insured's declarations page and forward it to: _____, Inc., Insurance Service

However, if you have not provided the indicated insurance, please return this letter with a note to that effect in the space identified as "Agent Comments." We must also be advised if it is frequently cancelled or terminated for any other reason.

AGENT COMMENTS:

NAME INSURED
SIGNS

DATE

ACCOUNT NUMBER

DEALER CONFIRMATION:

() AGENCY	() INSURANCE COMPANY	NAME OF PERSON	LOSS PAYEE: () YES () NO
------------	-----------------------	----------------	----------------------------

CONFIRMED BY

DATE

DEALER/SALESPERSON
SIGNS

DEALER

PINK & GOLDENROD - CUSTOMER (BUYER: PLEASE FORWARD GOLDENROD COPY TO YOUR INSURANCE AGENT) GREEN - DEALER

Attachment 18

DEALER DEPARTMENT

DATE: _____
TO: _____
FROM: _____
APPLICANT: _____

ID #: _____

CREDIT DECISION: ***** CONDITIONED *****

COLLATERAL: _____

COMMENTS: PLEASE SEE BELOW:
CONDITION 11000 X 60MONTHS 12.75BR 1 ADD ONLY

WE VERY MUCH APPRECIATE THIS APPLICATION. PLEASE RESPOND TO THE ABOVE COMMENTS AS SOON AS POSSIBLE SO WE MIGHT QUICKLY FINALIZE THIS TRANSACTION. THANK YOU.

SINCERELY,

*** REMINDER ***

***** NOTICE ***** NOTICE ***** NOTICE ***** NOTICE *****
TO ALLOW FASTER TURNAROUND, GIVE INVOICE \$ ON NEW VEHICLES AND
MILEAGE WITH FULL DESCRIPTION AND OPTIONS ON ALL USED VEHICLES.

CONFIDENTIAL:
THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN
INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW AND MAY NOT BE
DISSEMINATED OR DISTRIBUTED. PLEASE CALL _____ IF YOU HAVE RECEIVED THIS TRANSMISSION IN
ERROR.

Attachment 19

Dealer Services Department

ATTENTION FINANCE

ATTN:
FUNDING

Date:

Discounter Name:

Phone:

Extension:

Dealer Name:

Page 1 of 1

We have received the following contracts, however, we are unable to FUND them due to the following missing or required items. Please FAX these items along with this form to my attention at or return them to us promptly at the office listed above.

Customer:

Vehicle:

Missing or Required Items:

- 1) NEED RO FOR \$2,122
- 2) NEED PROOF OF NATIONAL PAYOFF

OK

See R.O.
page 3

Customer:

Vehicle:

Missing or Required Items:

4 pages

Attachment 20

AUTHORIZATION FOR SERVICES DUE

To provide you with the most convenient service, it is requested that you call our Service Department at [] to make an advance appointment for the item(s) listed below to be taken care of. If parts have been ordered for your vehicle, you will be notified upon their receipt and an appointment will be made at the same time for their installation. Only those items listed on this AUTHORIZATION FOR SERVICES DUE can be performed on your vehicle as they were agreed upon at the time of sale.

DATE ISSUED: []

STOCK # []

SALESPERSON: []

VIN: []

YR: []

MAKE: []

MODEL: []

MILEAGE: []

SOLD TO: []

DATE: []

ADDRESS: []

CITY: []

STATE: []

ZIP: []

PHONE: RES. []

BUS. []

ITEMS AUTHORIZED:

☐ NOTHING DUE

TOTAL COST

Spoiler - CX2

510.00

Gold MacKame - LG3

299.00

Leather - LA1

1398.00

MANUFACTURED - KATSKIN

INSTALLER - Automotive Design

I HEREBY ACCEPT THIS "AUTHORIZATION FOR SERVICES DUE" WITH THE UNDERSTANDING THAT TO BE VALID, IT MUST BE PRESENTED TO THE SERVICE DEPARTMENT WITHIN 30 DAYS.

Customer's Signature []

Manager's Signature []