## STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE						
VEHICLE IDENTIFICATION NO.  1FMYU60X6YUA05467  1FMYU60X6YUA05467	YEAR 2000	MAKE FORD	MODEL EXPLORER	BODY STYLE UTILITY	TITLE NO. X8298620445	
DATE ISSUED 10/24/08	ODOMETER 54118	CCM	PURCHASED USED		PURCHASE DATE 09/15/08	
54118 MOBILE HOME SQ. FT.				TYPE OF TITLE  ORIGINAL		
MICHAEL T GOEB 4301 HERCULES RD SCOTT AFB IL 62225	5-6317			ORIG		
OWNER(S) NAME AND ADDRESS MICHAEL T GOEB 4301 HERCULES RD SCOTT AFB IL 62225	-6317			LEGEND(S)  ACTUAL MILEAGE		
SECOND LIENHOLDER NAME AI	ND ADDRESS					
	he Lienholder on the ve		ASE OF LIEN te does hereby state that the lien is	released and discharged.		
	Name Name	By By	Signature of Authorized Agent Signature of Authorized Agent		Date	
NEW LIEN ASSIGNMENT: The informal Secured Party:	tion below must be on a	in application for title and pres				
Federal and State law requires to  The undersigned hereby certifies that the control of the certifies that the certifies the certifies the certifies that the certifies that the certifies the certifies the certifies that the certifies that the certifies that the certifies that the certifies the certifies the certifies that the certifies the certifies that the certifies the certifies that the certifies the certif	ne vehicle described in t	ASSIGNI his title has been transferred t		dress:	result in fines and/or imprisonment.	
Company of the control of the contro	NO D	The mileage stated is in     The odometer reading is     WARNING-ODOMET	excess of its mechanical limits. not the actual mileage. ER DISCREPANCY.	"If this vehicle is one vehicles owned by me is not damaged in e	of more than 5 commercial e, I certify also that the vehicle xcess of 33 1/3% of its fair- his document is accompanied ion."	
FEXATO O	he records on file vehicle described he NOTNESS N	with my Office, the person reon, which is subject to WHEREOF, I HAVE T SEAL OF THE STA	TE OF ILLINOIS, AT SPRI	the owner of the umbrances, if any. IATURE AND		
19 367 19						

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.