STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

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MOBILE HOME BILL OF SALE

| | ITEM/SEGMENT NO.: |
|--|--|
| | DISTRICT: |
| | FEDERAL PROJECT NO.: |
| | STATE ROAD NO.: |
| | COUNTY: |
| | PARCEL NO.: |
| STATE OF | COUNTY OF |
| | ("SELLER") and |
| the Florida Department of Transportation ("DEPA | ARTMENT") agree as follows: |
| • • | by DEPARTMENT and other good and valuable consideration, the wledged, SELLER does hereby sell, transfer, and convey to nome: |
| Make: | Model: |
| Manufacturer: | Serial Number: |
| Year: | Size: |
| Tag Number (if applicable): | Certificate of Title #: |
| Current Location of Mobile Home: | |
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| The mobile home listed in this bill of sale form is accessories, and all other necessaries thereto a | sold together with an equal interest in all fixtures, equipment, ppertaining and belonging except: |
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SELLER hereby warrants that (s)he is the lawful owner of said mobile home and that (s)he has full legal right, power, and authority to sell said mobile home. SELLER further warrants said mobile home to be free of all encumbrances, liens, security agreements, claims, demands, and charges of every kind whatsoever and will warrant and defend the title to said mobile home against any and all persons whomsoever.

The said mobile home is being sold "as is" without any express or implied warranty as to condition or working order. There is no warranty for any defect and all repairs are the responsibility of the DEPARTMENT unless the SELLER indicates any repairs for which he/she/they will pay and be responsible for. If any repairs are to be made by the SELLER they will be listed here:

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other in connection with the above transaction, and all other information on this Bill of Sale, is true and correct. IN WITNESS WHEREOF, the Parties have executed this Bill of Sale on this day of , 20 . Seller Name(s): Seller Signature(s): Seller Street Address(es): City: _____ State: ____ Zip Code: ____ Date Signed: **Notary Section:** The foregoing instrument was acknowledged before be this ______ day, _______, 20_____, by ______ who is personally known to me or who produced as identification and who did take an oath. Notary Signature: Stamp or Commission #: Department's Name: Florida Department of Transportation Printed Name of District Right of Way Manager: District Right of Way Manager Signature(s): Department Street Address(es): City: State: Zip Code: Date Signed:

SELLER and DEPARTMENT declare under penalty of perjury that to the best of their knowledge all disclosures to each