



TOWN OF PALM BEACH POLICE DEPARTMENT

A NATIONAL AND STATE ACCREDITED LAW ENFORCEMENT AGENCY



Law Enforcement Request(s) for Certified/Plain copies of motor vehicle/vessel records

To: DMV Representative: Jeanette Maiwald
DMV Photocopy Unit
Division of Motor Vehicles
Neil Kirkman Building, Room A126B, MS# 73
Tallahassee, FL 32399-0624
Office Number [REDACTED]
Fax Number [REDACTED]

Date of Request: 02/20/03

Contact Person: Detective [REDACTED]

Fax Number: [REDACTED] Office Number: [REDACTED]

1) Vehicle Description: **UNKNOWN**

Year: Make: Title:
VIN/HULL #:
FL Temporary Tag: J31QWL
Name Check: DOB:

Comments: REQUEST: CERTIFIED BODY FILE ON ABOVE VEHICLES.
THANK YOU IN ADVANCE FOR YOUR EFFORTS AND TIMELY RESPONSE!

[REDACTED]

Police Dept.

OCT 13 2005

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

I, Carl A. Ford, Director
Division of Motor Vehicles
Dept. Of Highway Safety and
and Motor Vehicles



Tallahassee, Florida
I, Carl A. Ford, Director, Division
of Motor Vehicles of the State of Florida
hereby certify that this is a true and
correct copy of the Motor Vehicle record
on this file in this office.

Attached hereto are copies of the records of the aforesaid vehicle, which are the
exact copies of the motor vehicle records as shown on file in this office. This file
consists of 11 pages.

2004 DODG., PK
VIN # 1D7HA16D64J291609
TITLE # 91612403

I, Carl A. Ford, Director, Division of Motor Vehicles of the State of Florida hereby
certify that I am the Custodian of Motor Vehicle Records of this Department and
that a search has been made pertaining to:

CERTIFICATION

October 14, 2005

FRED O. DICKINSON
Executive Director

State of Florida
DEPARTMENT OF
HIGHWAY SAFETY AND MOTOR VEHICLES
TALLAHASSEE, FLORIDA 32399-0500



SDNY_GM_02764913

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

VEHICLE INFO		
VEHICLE ID NUM:	1D7HA16D64J291609	
VEHICLE TYPE:	AU	NET WEIGHT: 4549
ODOMETER MILES:	20	GVW:
ODOMETER STATUS:	A	VEHICLE USE:P
ODOMETER TYPE:	M	FUEL TYPE: G
ODOMETER DATE:	10/03/2004	MAJOR COLOR:RED
		YEAR MAKE: 2004
		VEHICLE MAKE: DODG
		BODY: PK
		INHOUSE MAKE:
		MINOR COLOR:
TITLE INFO		
TITLE NUMBER:	91612403	PENDING:NO
ISSUE DATE:	04/07/2005	CANCEL DATE:
SALVAGE TYPE:		CANCEL STATE: FL
TITLE STATUS:	LIEN MAINTENANCE ONLY	EFS STATUS:
		ELT STATUS: E
BRAND INFO		
BRAND CODE:	NO BRANDS ON FILE	BRAND DATE:
OWNER INFO		
FEID/DL NUMBER:	[REDACTED]	OWNER NUMBER: 1
BIRTH DATE/SEX:	[REDACTED] M	RES COUNTY: 8
OWNER NAME:	PIERCE, CHRISTOPHER PAUL	
OWNER ADDR:	[REDACTED]	
OR		
FEID/DL NUMBER:	[REDACTED]	OWNER NUMBER: 2
BIRTH DATE/SEX:	[REDACTED] F	RES COUNTY: 8
OWNER NAME:	PIERCE, DARLENE M	
OWNER ADDR:	[REDACTED]	
LEGAL OWNERSHIP:		
REGISTRATION INFO		
LICENSE PLATE:	J31QWL	DECAL NUMBER: 13758280
PLATE CODE:	RGR	DECAL YEAR: 2005
ISSUE DATE:	10/26/2004	ISSUE DATE: 10/26/2004
ARF CREDIT:	2.00	EXPIRE DATE: 10/14/2005
REG USE:	PK	UNIT NUM/FLEET:
CLASS CODE:	031	LOCATION CODE:
COMMENTS:		
REGISTRANT INFO		
FEID/DL NUMBER:	[REDACTED]	REGISTRANT NUM: 1
REGIS. DOB/SEX:	[REDACTED] M	RES COUNTY: 8
REGISTRANT NAME:	PIERCE, CHRISTOPHER PAUL	
REGISTRANT ADDR:	[REDACTED]	
FEID/DL NUMBER:	[REDACTED]	REGISTRANT NUM: 2
REGIS. DOB/SEX:	[REDACTED] F	RES COUNTY: 8
REGISTRANT NAME:	PIERCE, DARLENE M	
REGISTRANT ADDR:	[REDACTED]	
LIEN HOLDER INFO		
FEID/DL NUMBER:	591030268	LIEN NUMBER: 1
LIEN DOB/SEX:		RES COUNTY: 19
LIEN DATE:	03/11/2005	ELT FLAG: T
LIEN HLDR NAME:	KENNEDY SPACE CENTER FEDERAL CREDIT UNION	
LIEN HLDR ADDR:	300 S. PLUMOSA STREET	
	MERRITT ISLAND, FL 32952	

SDNY_GM_02764914

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00251756

EFTA01334224

CERTIFICATE OF TITLE AND/OR REGISTRATION

COUNTY AGY# SUB# REPORT#

19 2 EAR 1640

L# 669816

T# 415968300

E# 334178

R#

LOCAL NUMBER	DECAL YR. ISSUED	SEX	BIRTH DATE MO. DAY YEAR	EXPIRES MO. DAY YEAR	TRANS CODE	INSURANCE PIP LIABILITY EXCLUDED	PLATE	RESIDENT Y N TAKEN	COUNTY RES #	DATE OF ISSUE MO. DAY YEAR	PLATE NUMBER OR FLORIDA #	
	C	M						X	8	04/07/05		
TITLE NUMBER	VEHICLE / VESSEL IDENTIFICATION #				YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	CLASS	WT / LENGTH	GVW / LDC		
91612403	1D7HA16D64J291609				2004	DODG	PK	0	4549			
HULL MATERIAL	PROPULSION	FUEL	VESSEL USE	VESSEL TYPE	WATER	VEHICLE COLOR	1st OWNER FL / DL# OR FEID#					
						RED						
Applicant / Owner's Name & Address											2nd OWNER FL / DL# OR UNIT #	
CHRISTOPHER PAUL PIERCE OR DARLENE M PIERCE												
[REDACTED]											VOLUNTARY CONTRIBUTIONS:	
[REDACTED]												
FLEET NUMBER	CREDIT VEHICLE MOS. CLASS	WTLENGTH	MOS.	REG. FEE	INIT. REG.	AGENCY FEE	MAIL FEE	TITLE FEE	SALES TAX	GRAND TOTAL		
0	0 0 0		0	0.00		1.25	0.00	27.00	0.00	28.25		
LIEN MAINTENANCE												
Action Requested												
STATE PREV. REC. FL	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER								
	10/03/2004	XX		20 MILES 10/03/2004 ACTUAL								
LIEN INFORMATION			DATE OF LIEN	FEID # OR FL / DL # AND SEX AND DATE OF BIRTH				ODOMETER DECLARATION CERTIFICATION				
ELT			03/11/2005	591030268-00				<input type="checkbox"/>				
NAME OF FIRST LIENHOLDER: (IF NO LIEN, ENTER NONE)												
KENNEDY SPACE CENTER FEDERAL CREDIT												
ADDRESS												
LINTON												
CITY 300 S. FLUMOSA STREET STATE ZIP CODE												
MILWAUKEE, WI												
SELLER INFORMATION												
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER:												
ADDRESS:												
CITY STATE ZIP CODE												
DEALER LICENSE NO.												
SALES TAX AND USE REPORT												
TRANSFER OF TITLE IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED												
<input type="checkbox"/> PURCHASER HOLDS VALID EXEMPTION CERTIFICATE <input type="checkbox"/> VEHICLE/VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL <input type="checkbox"/> OTHER _____												
CONSUMER OR SALES TAX EXEMPTION #												
INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$ 0.00												
INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 0.00												
<input type="checkbox"/> SELLING PRICE VERIFIED												
APPLICANT CERTIFICATION												
<input type="checkbox"/> I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE. <input type="checkbox"/> I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED. <input type="checkbox"/> I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION. I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED, NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. 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						Signature of Applicant/Co-Owner						

HSMV 82041 (REV. 07/02) 5

DMV COPY

SDNY_GM_02764915

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00251757

EFTA01334225

CERTIFICATE OF TITLE

SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.23/32.003, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE OR VESSEL DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN. THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED FOR SAID MOTOR VEHICLE OR VESSEL.

3-11-05

IDENTIFICATION NUMBER 1D7HA16D64J291609	YR. 2004	MAKE DODG	MODEL	BODY PK	WT-L-BHP 4549	VESSEL REGIS. NO.	TITLE NUMBER 91612403
PREV. STATE N	COLOR RED	PRIMARY BRAND	SECONDARY BRAND	NO OF BRANDS	USE PVT	PROP.	PREV. ISSUE DATE
ODOMETER STATUS OR VESSEL MANUFACTURER OR OH USE 20 MILES 10/03/2004 ACTUAL		DATE OF ISSUE 10/26/2004					

REGISTERED OWNER
**CHRISTOPHER PAUL PIERCE OR
DARLENE M PIERCE**

AMERICREDIT FINANCIAL SERVICES, INC.

LIEN RELEASE
INTEREST IN THE ABOVE DESCRIBED VEHICLE IS
HEREBY RELEASED
BY *[Signature]*
Leopoldo Santos
DATE **3/11/05**

1ST LIENHOLDER
**AMERICREDIT FINANCIAL SERVICES
PO BOX 182673
ARLINGTON TX 76096**

V F 424597789-5090

291609

0568555

PIERCE CHRISTOPHER

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY
AND MOTOR VEHICLES

[Signature]
LARRY L. FORS
DIRECTOR

Control Number **68587548**

[Signature]
FRED O. DICKINSON
EXECUTIVE DIRECTOR

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)
Federal and state law require 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.

ODOMETER CERTIFICATION This title is warranted and certified to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described hereby transferred to:

I/We state that this 5 or 6 digit odometer now reads (see terms)
miles, date read _____ and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked.

CAUTION
DO NOT CHECK
BOX IF ACTUAL
MILEAGE

1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
2. I hereby certify that the odometer reading is not the actual mileage.
WARNING: ODOMETER DISCREPANCY.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of _____
Purchaser: _____
Signature of _____
Co-Purchaser: _____
Signature of _____
Seller: _____
Signature of _____
Co-Seller: _____
(Where Applicable)
Selling Dealer's License Number: _____
Auction Name: _____

Printed Name of _____
Purchaser: _____
Printed Name of _____
Co-Purchaser: _____
Printed Name of _____
Seller: _____
Printed Name of _____
Co-Seller: _____
Tax Collected: \$ _____

License Number: _____

STATE OF FLORIDA

SDNY_GM_02764916

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00251758

EFTA01334226

ODOMETER CERTIFICATION - Federal and state laws require that you state the mileage in connection with transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

FIRST REASSIGNMENT BY LICENSED DEALER

Selling Dealer's License No. _____ Dealer's Name _____ Tax No. _____ Tax Collector _____

Selling Dealer's Address _____ to the following: _____

Name(s) _____ Address: _____

I/We warrant this title and certify that the vehicle described herein has been transferred on (date) _____ and is the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked:

I/We state that this 5 or 6 digit odometer now reads _____ (no Tenth) miles, date read _____ and is the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked:

CAUTION: DO NOT CHECK BOX IF ACTUAL MILEAGE 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits. 2. I hereby certify that the odometer reading is not the actual mileage. **WARNING: ODOMETER DISCREPANCY.**

Signature of Purchaser _____ Printed Name of Purchaser _____

Co-Purchaser _____ Co-Purchaser _____

Seller/Agent _____ Seller/Agent License Number _____

Auction Name (When Applicable) _____

SECOND REASSIGNMENT BY LICENSED DEALER

Selling Dealer's License No. _____ Dealer's Name _____ Tax No. _____ Tax Collector _____

Selling Dealer's Address _____ to the following: _____

Name(s) _____ Address: _____

I/We warrant this title and certify that the vehicle described herein has been transferred on (date) _____ and is the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked:

I/We state that this 5 or 6 digit odometer now reads _____ (no Tenth) miles, date read _____ and is the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked:

CAUTION: DO NOT CHECK BOX IF ACTUAL MILEAGE 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits. 2. I hereby certify that the odometer reading is not the actual mileage. **WARNING: ODOMETER DISCREPANCY.**

Signature of Purchaser _____ Printed Name of Purchaser _____

Co-Purchaser _____ Co-Purchaser _____

Seller/Agent _____ Seller/Agent License Number _____

Auction Name (When Applicable) _____

THIRD REASSIGNMENT BY LICENSED DEALER

Selling Dealer's License No. _____ Dealer's Name _____ Tax No. _____ Tax Collector _____

Selling Dealer's Address _____ to the following: _____

Name(s) _____ Address: _____

I/We warrant this title and certify that the vehicle described herein has been transferred on (date) _____ and is the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked:

I/We state that this 5 or 6 digit odometer now reads _____ (no Tenth) miles, date read _____ and is the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked:

CAUTION: DO NOT CHECK BOX IF ACTUAL MILEAGE 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits. 2. I hereby certify that the odometer reading is not the actual mileage. **WARNING: ODOMETER DISCREPANCY.**

Signature of Purchaser _____ Printed Name of Purchaser _____

Co-Purchaser _____ Co-Purchaser _____

Seller/Agent _____ Seller/Agent License Number _____

Auction Name (When Applicable) _____

NOTICE: \$10.00 PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

APPLICATION FOR TITLE BY PURCHASER

I make application for a new certificate of title and registration transfer, if applicable, for said motor vehicle or vessel which now has least as follows: (Date, name and address of each lienholder, if NONE, write NONE). Record additional fees of Form HSMV 82129. FEIDA _____ or FL/DLA _____ and Date of Birth _____ and Date of Lien _____

Lienholder's Name _____ State _____

Address _____

THIS VEHICLE WILL BE USED AS TAXICAB POLICE CAR LEASED PRIVATE

I/WE HEREBY CERTIFY THAT THE VEHICLE TO BE TITLED WILL NOT BE OPERATED ON THE TOLLBOOTH HIGHWAYS OF THIS STATE

I/We state that this 5 or 6 digit odometer now reads _____ (no Tenth) miles, date read _____ and is the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked:

CAUTION: DO NOT CHECK BOX IF ACTUAL MILEAGE 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits. 2. I hereby certify that the odometer reading is not the actual mileage. **WARNING: ODOMETER DISCREPANCY.**

(PRINT/TYPE NAME OF PURCHASER(S) IDENTICALLY AS SIGNED BELOW) **NOTE: When joint ownership, please indicate "or" or "and" between names. If no indication, "and" will be there.**

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____ License Plate No. _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of 1st Purchaser _____ (First Name, Middle Initial, Last Name) FL RESIDENT NONRESIDENT ALIEN (Florida DLA or FEIDA) (First Purchaser's Date of Birth)

Signature of Co-Purchaser _____ (First Name, Middle Initial, Last Name) FL RESIDENT NONRESIDENT ALIEN (Florida DLA or FEIDA) (Second Purchaser's Date of Birth)

SDNY_GM_02764917

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

5

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building - Tallahassee, FL 32399-0610

**APPLICATION FOR NOTICE OF LIEN / REASSIGNMENT OF LIEN OR
NOTICE TO FIRST LIENHOLDER OF SUBSEQUENT LIEN**

SECTIONS 1 AND 2 SHOULD BE COMPLETED IF ADDING AN ORIGINAL LIEN. MOTOR VEHICLE
SECTIONS 1 AND 3 SHOULD BE COMPLETED IF REASSIGNING A LIEN. MOBILE HOME
SECTIONS 1,2 AND 4 SHOULD BE COMPLETED IF ADDING A SUBSEQUENT LIEN. VESSEL

1 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION

IDENTIFICATION NUMBER 1D7HA16D64J291609		VESSEL REGISTRATION NUMBER	
MAKE/MANUFACTURER DODGE	YEAR 2004	MODEL RAM 1500	WT.-LGTH.-BHP
COLOR	TYPE	USE	
CERTIFICATE OF TITLE NUMBER	PREVIOUS ISSUE DATE	LICENSE PLATE NUMBER	

2 NOTICE OF LIEN - Lienholder information

DATE OF LIEN 11MAR2005	FEID#SUFFIX# OR DL# OR SEX AND DATE OF BIRTH 59-1030268-00	LIENHOLDER NAME Kennedy Space Center FCU	
LIENHOLDER ADDRESS 300 S. Plumosa Street	CITY Merritt Island	STATE FL	ZIP 32952

- Electronic title and lien participant (Electronic title only).
- If the lienholder authorizes the department to send title to the owner, check box and countersign. (DOES NOT APPLY TO VESSELS) _____ Signature of Lienholder's Representative
- One of the following boxes must be checked.**
- A security agreement, retain title contract, conditional bill of sale, chattel mortgage or other similar instrument was executed prior to the filing of this notice of lien.
- This notice of lien is being filed before a security agreement, retain title contract, conditional bill of sale, chattel mortgage or other similar instrument is being executed.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED INIT ARE TRUE. Date 11MAR2005

<p><input checked="" type="checkbox"/>  Signature of Registered Owner</p> <p>_____ Street Address (Owner)</p> <p>_____ City State Zip Code</p>	<p><input checked="" type="checkbox"/>  Signature of Registered Co-Owner</p> <p>_____ Street Address (Co-Owner)</p> <p>_____ City State Zip Code</p>
---	--

3 APPLICATION FOR REASSIGNMENT OF LIEN

The undersigned hereby represents that they are the assignee of that certain first or second lien dated the ____ day of (Month/Year) _____, covering the motor vehicle, mobile home or vessel described in section one of this form and request that the Florida Certificate of Title, which was issued on (Month/Day/Year) _____, be reissued to show such lien as now being held by the undersigned applicant and represents that on this date there is a balance as principal still due and unpaid.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Name of Assignee (New Lienholder)	By _____ Signature of Lienholder's Representative
	Title _____
Address _____	City _____ State _____ Zip _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Name of Assignor (Lienholder currently shown on Title)	By _____ Signature of Lienholder's Representative
	Title _____

STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLE
AND/OR REGISTRATION

COUNTY	AGY #	SUB #	REPORT #
8	70	CVR	0

T# 399277067
R# 399277079

DECAL NUMBER 13758280	DECAL YR ISSUED 05	SEX M	BIRTHDATE MO DAY YEAR 10 14 05	EXPIRES MO DAY YEAR 10 14 05	TRANS CODE ORR	INSURANCE PIP LIABILITY A	PLATE X	RESIDENT Y N (SUN) X	COUNTY REG # 8	DATE OF ISSUE MO DAY YEAR 10 26 04	PLATE NUMBER OR FLORIDA # J31QWL
TITLE NUMBER 91612403	VEHICLE / VESSEL IDENTIFICATION # 1D7HA16D64J291609		YR. MAKE 2004	MAKE or MANUFACTURER DODG	BODY TYPE PK	CLASS 31	WT / LENGTH 4549	VEHICLE COLOR RGR RED		1st OWNER FL / DL # OR FE / LD #	2nd OWNER FL / DL # OR FE / LD #

Applicant / Owner's Name & Address
CHRISTOPHER PAUL PIERCE OR DARLENE M PIERCE

FLEET NUMBER	CREDIT VEHICLE MOS CLASS WTL/LENGTH	MOS	REG. FEE	INIT. REG.	AGENCY FEE	MAIL FEE	TITLE FEE	SALES TAX	GRAND TOTAL
		12	53.10	100	6.75		29.00	0.00	188.85

Action Requested: **ORIG NEW TITLE**

STATE PREV. REG.	DATE ACQUIRED 10/03/2004	NEW XX	USED	ODOMETER / VESSEL MANUFACTURER 20 MILES 10/03/2004 ACTUAL
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LIEN INFORMATION	DATE OF LIEN 10/03/2004	FEID # OR FL / DL # AND SEX AND DATE OF BIRTH 752435888-01	<input type="checkbox"/> ODOMETER DECLARATION CERTIFICATION
NAME OF FIRST LIEN HOLDER: (IF NO LIEN, ENTER NONE) AMERICREDIT FINANCIAL SERVICES			<input type="checkbox"/> VEHICLE USE: PRIVATE <input type="checkbox"/> SALVAGE TYPE
ADDRESS: PO BOX 182673			
CITY STATE ZIP CODE ARLINGTON, TX 76096			

SELLER INFORMATION
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER: DAYTONA DODGE
ADDRESS: 1450 N TOMOKA FARMS RD
CITY STATE ZIP CODE DAYTONA BEACH, FL 32124
DEALER LICENSE NO. VF011489

SALES TAX AND USE REPORT	CONSUMER OR SALES TAX EXEMPTION #
<input type="checkbox"/> TRANSFER OF TITLE IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED <input type="checkbox"/> PURCHASER HOLDS VALID EXEMPTION CERTIFICATE <input type="checkbox"/> VEHICLE/VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL <input type="checkbox"/> OTHER _____	INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS. \$ _____ 0.00 INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ _____ 0.00 <input checked="" type="checkbox"/> SELLING PRICE VERIFIED

APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.

I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED, NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. 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 _____ DMV COPY _____ Signature of Applicant/Co-Owner _____

SDNY_GM_02764919

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

CERTIFICATE OF ORIGIN FOR A VEHICLE

DAIMLERCHRYSLER
DaimlerChrysler Motors Company LLC

DATE 07-07-04	INVOICE NO. 4DR112960877
VEHICLE IDENTIFICATION NO. 1D7HA16D64J291609	YEAR 2004
BODY TYPE 1500 REG. CAB PICKUP	MAKE DODGE
H.P. (S.A.E.) 49.1	SHIPPING WEIGHT 4549
G.V.W.R. 1/2 TON 6350#	NO. CYLS. 8
	SERIES OR MODEL RAM DR1H61



I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR, DEALER, ETC.
DEALER NUMBER 42243/42243

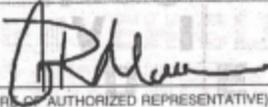
DAYTONA DODGE CHRYSLER
1450 NORTH TOMOKA FARMS ROAD
DAYTONA BEACH FL 32114

It is further certified that this was the first transfer of such new vehicle in ordinary trade and commerce.

MAIL TO:

DAYTONA DODGE CHRYSLER
1450 NORTH TOMOKA FARMS ROAD
DAYTONA BEACH FL 32114

DAIMLERCHRYSLER MOTORS COMPANY LLC

BY: 
(SIGNATURE OF AUTHORIZED REPRESENTATIVE) (AGENT)

AUBURN HILLS MICHIGAN
CITY - STATE

13425016

CERTIFIED FOR SALE IN ALL 50 STATES

SDNY_GM_02764921

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

Each undersigned seller certifies to the best of his knowledge, information and belief under penalty of law that the vehicle is new and has not been registered in this or any state at the time of delivery and the vehicle is not subject to any security interests other than those disclosed herein and warrants title to the vehicle.

FOR VALUE RECEIVED I TRANSFER THE VEHICLE DESCRIBED ON THE FACE OF THIS CERTIFICATE TO:

DISTRIBUTOR-DEALER ASSIGNMENT NUMBER 1	NAME OF PURCHASER(S) _____	DEALER _____	BY: _____	No Tenths _____
	ADDRESS _____	NAME OF DEALERSHIP _____	DEALER'S LICENSE NUMBER _____	State of _____
DISTRIBUTOR-DEALER ASSIGNMENT NUMBER 2	NAME OF PURCHASER(S) _____	DEALER _____	BY: _____	No Tenths _____
	ADDRESS _____	NAME OF DEALERSHIP _____	DEALER'S LICENSE NUMBER _____	State of _____
DISTRIBUTOR-DEALER ASSIGNMENT NUMBER 3	NAME OF PURCHASER(S) _____	DEALER _____	BY: _____	No Tenths _____
	ADDRESS _____	NAME OF DEALERSHIP _____	DEALER'S LICENSE NUMBER _____	State of _____
DISTRIBUTOR-DEALER ASSIGNMENT NUMBER 4	NAME OF PURCHASER(S) _____	DEALER _____	BY: _____	No Tenths _____
	ADDRESS _____	NAME OF DEALERSHIP _____	DEALER'S LICENSE NUMBER _____	State of _____
ODOMETER DISCLOSURE FOR RETAIL SALE	Federal law requires you to state the odometer mileage in connection with the transfer of ownership. Failure to complete or provide a false statement may result in fines and / or imprisonment.			
	I 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. Odometer Reading _____ NO Tenths. <input type="checkbox"/> The mileage stated is in excess of its mechanical limits. <input type="checkbox"/> The odometer reading is not the actual mileage.			
LIENHOLDER	Signature(s) of Seller(s) _____ Date of Statement _____ Date of Sale _____			
	Printed Name(s) of Seller(s) _____ Dealer's No. _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 20____			
		Signature of Purchaser(s) _____		Notary Public _____
		Printed Name of Purchaser(s) _____		State of _____
		Company Name (if Applicable) _____		County of _____
		Address of Purchaser(s) _____		
		1st lien in favor of _____		
		whose address is _____		
		2nd lien in favor of _____		
		whose address is _____		

SDNY_GM_02764922

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTOR VEHICLES
NEIL KIRKMAN BUILDING - TALLAHASSEE, FL 32399-0610
APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

APPLICATION TYPE: ORIGINAL TRANSFER VEHICLE TYPE: OFF-HIGHWAY VEHICLE MOTOR VEHICLE MOBILE HOME VESSEL

1 OWNER / APPLICANT INFORMATION

Customer Number: _____ Unit Number: _____ Fleet Number: _____

OR 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".

Owner's First Name, Full Middle/Maiden Name, Last Name: **CHRISTOPHER PIERCE** Date of Birth: [REDACTED] Sex: **M** FL Driver License or FEID/Suffix Number: _____

Co-Owner's First Name, Full Middle/Maiden Name, Last Name: **DARLENE M PIERCE** Date of Birth: [REDACTED] Sex: **F** FL Driver License or FEID/Suffix Number: _____

Lessee's First Name, Full Middle/Maiden Name, Last Name: _____ Date of Birth: _____ Sex: _____ FL Driver License or FEID/Suffix Number: _____

Owner's Mailing Address (Mandatory): [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Co-Owner's or Lessee's Mailing Address (Mandatory): [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Owner's or Lessee's Physical Street Address in Florida (Mandatory): [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Physical Address of Mobile Home (if applicable) Check if mobile home is in a park with 10 or more lots City: _____ State: _____ Zip: _____

Mail To Customer Name (if different From Above Owner): _____ Date of Birth: _____ Sex: _____ FL Driver License or FEID/Suffix Number: _____

Mail To Customer Address (if different From Above Mailing Address): _____ City: _____ State: _____ Zip: _____

2 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION

Vehicle/Vessel Identification Number: **1D7HA16D64J291609** Make/Manufacturer: **DODGE TRUCK** Year: **2004** Body: **1500** Color: **DP MO** Florida Title Number: **mso**

Previous State of Issue: **New** License Plate or Vessel Registration Number: **New** Weight: **4549** Length FL in: _____ BHP/ICC: _____ GVW/LOC: _____ Florida Current Date of Issue: _____

TYPE
 Open Motorboat Houseboat Personal Watercraft
 Cabin Motorboat Pontoon Canoe
 Auxiliary Sailboat Airboat Other _____
 Inflatable Sailboat Other _____ Specify _____

HULL MATERIAL
 Wood Aluminum
 Fiberglass Steel
 Wood/Fiberglass Other _____ Specify _____

PROPULSION
 Outboard Sail
 Inboard Air Propelled
 Inboard/Outboard Other _____ Specify _____

FUEL
 Gas Diesel
 Electric Other _____ Specify _____

"DRAFT OF VESSEL"
 (The depth of water a vessel draws)
 FT. _____ IN. _____
 *For all vessels 20' or more in length and all sailboats

USE OF VESSEL
 Recreational (Pleasure) Commercial Blue Crab Commercial Stone Crab
 Dealer/Manuf. Commercial Fish Commercial Live Bait Commercial Shrimp Recip.
 Exempt Hire (Livery) Commercial Mackerel Commercial Shrimp Non-Recip.
 Government Commercial Sponge Commercial Oyster Commercial Spiny Lobster
 Commercial Charter Commercial Other

Are you a Florida resident? yes no
 Are you an alien? yes no
 Owner: yes no
 Co-Owner: yes no

Previously Federally Documented Vessel, Attach Copy of:
 U.S. Coast Guard Release From Documentation Form; or Copy of Canceled Documentation Papers
 State of Principal Use: _____

3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)

SHORT TERM LEASE LONG TERM LEASE REBUILT POLICE VEHICLE PRIVATE USE TAXI CAB FLOOD VEHICLE LEV VEHICLE
 ASSEMBLED FROM PARTS REPLICA KIT CAR GLIDER KIT MANUFACTURER'S BUY BACK ELECTRIC VEHICLE

4 LIENHOLDER INFORMATION

CHECK IF ELT CUSTOMER FEID # or DL # and Sex and Date of Birth: _____ Date of Lien: **10/03/04** Lienholder's Name: **AMERICREDIT FINANCIAL SVCS INC**

Lienholder's Address: **PO BOX 182673** City: **ARLINGTON** State: **TX** Zip: **76096-2673**

If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____ (Signature of Lienholder's Representative)

5 TRANSFER TYPE

IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?
 SALE GIFT REPOSSESSION COURT ORDER OTHER (SPECIFY) _____ DATE ACQUIRED: **10 03 04**

6 ODOMETER DECLARATION

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 8 DIGIT ODOMETER NOW READS [REDACTED] (xx) (no tenths) MILES, DATE READ **10/03/04** AND 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: DO NOT CHECK
 1. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.
 2. I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY

7 DEALER SALES TAX REPORT

FLORIDA SALES TAX REGISTRATION NUMBER: **74-8012066825-9** DATE OF SALE: **10/03/04** DEALER LICENSE NUMBER: **VF11489** AMOUNT OF TAX: **1684.54** DEALER/AGENT SIGNATURE: *[Signature]*

SDNY_GM_02764923

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

8 MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER (VIN) (OR THE MOTOR NUMBER FOR MOTOR VEHICLES MANUFACTURED PRIOR TO 1955) OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERS AND STATIONERY. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be:

DATE _____ SIGNATURE _____ (Vehicle Identification Number) _____
Law Enforcement Officer or Florida Dealer's Name _____ PRINTED NAME _____
FL DMV/Tax Collector Employee _____ Badge # or Florida Dealer # _____ Notary Stamp or Seal _____
Florida Compliance Examiner/Inspector Badge or ID Number _____
COMMISSIONED NAME OF FLORIDA NOTARY: _____ NOTARY'S SIGNATURE _____
(Print, Type or Stamp)

9 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
 MOTOR VEHICLE MOBILE HOME VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL
CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER _____
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 (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address, below under "Other: Explain.")
 OTHER: (EXPLAIN) _____

10 REPOSSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:
 I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.
 (VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.

11 NON-USE AND OTHER CERTIFICATIONS

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

12 APPLICATION ATTESTMENT AND SIGNATURES

I HAVE PHYSICALLY INSPECTED THE ODOMETER AND I WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. (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.

SIGNATURE OF APPLICANT (OWNER) _____ Date _____
SIGNATURE OF APPLICANT (CO-OWNER) _____ Date _____
RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s), state as follows: That _____ of _____ County, Florida died on the _____ day of _____, 20____ testate (with a will) intestate (without a will) and left surviving (him/her) the following beneficiaries:

Signature(s) 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.
Print or Type Name of Spouse, Co-owner or Heir(s) _____
Signature of Spouse, Co-Owner or Heir(s) _____

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 person(s) signing above hereby releases all their right, title, interest and claim as heirs at law, legatees, devisees, or otherwise to the aforesaid motor vehicle, mobile home or vessel (s):

Name of Applicant(s) (Print or Type) _____

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO A LOCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR PROCESSING.
HSMV 82040 (REV. 10/03) S <http://www.hsmv.state.fl.us>

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SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17