

CLOSING AGENT INFORMATION

A 3rd party witness must be present at each closing.

Please complete the following information for the 3rd party witness.

Name: Julia Blackley-Rice

Phone Number: (804) 333-3737

Email: jblackleyrice@town.warsaw.va.us

This document must be completed and sent in with the closing package.

Home Center use only.

POWER OF ATTORNEY (SALE)

Sold to: Town of Warsaw

Serial #: LEW120078PAABAC ("Manufactured Home")

I hereby warrant and represent to Retailer that I am of legal age to enter into an agreement to purchase the Manufactured Home and that no promises were made or inducements given to convince me to do so.

I hereby grant the following power of attorney: I appoint **CMH Homes Inc.**

located at 5000 Clayton Road Maryville, TN 37804 ("Retailer") as my true and lawful attorney in fact and grant said attorney in fact the power and authority to sign all papers and do all things necessary on a continuing basis to transfer ownership, sign title documents, apply for duplicate titles, secure insurance, note and record liens, create and perfect security interests, make application for licensing and registration, complete or correct identification or description, and perform any and all other acts related to any of the foregoing with respect to the Manufactured Home.

Address: 150 MEADOWBROOK ROAD WARSAW VA 22572

Phone #: () _____

[Signature]
Signature of: Town of Warsaw

Signature of: _____

Sworn to and subscribed before me Julia Carole Blackley-Rice, a Notary Public for the
County/Parish of Richmond Name of County/Parish in the State of VA, appeared
Name of County/Parish State

Town of Warsaw, Joseph Quesenberry, Town Manager
Printed Name(s)

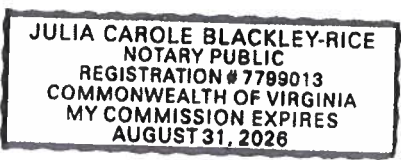
on this 4 day of September, 20 25.

Julia C. Blackley-Rice
Signature of Notary Public

Julia Carole Blackley-Rice
Print name of Notary Public

78 Belle Ville Lane, Warsaw, VA 22572
Print address of Notary Public

My Commission expires on: 8/31/2026



POWER OF ATTORNEY (SALE)

Sold to: Town of Warsaw

Serial #: LEW120078PAABAC ("Manufactured Home")

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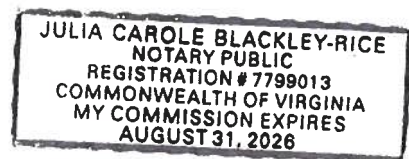
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Print name of Notary Public

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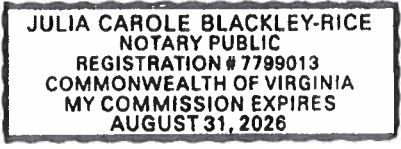
on this 4 day of September, 2025

[Signature]
Signature of Notary Public

Julia Carole Blackley-Rice
Print name of Notary Public

78 Belle Ville Lane, Warsaw, VA 22572
Print address of Notary Public

My Commission expires on: 8/31/2026



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Sold to: Town of Warsaw

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Address: 150 MEADOWBROOK ROAD WARSAW VA 22572

Phone #: () _____

[Signature]
Signature of: Town of Warsaw

Signature of.

Sworn to and subscribed before me Julia Carole Blackley-Rice, a Notary Public for the

County/Parish of Richmond Name of County/Parish in the State of VA, appeared State

Town of Warsaw, Joseph Quesenberry, Town Manager
Printed Name(s)

on this 4 day of September, 2025.

[Signature]
Signature of Notary Public

Julia C. Blackley-Rice
Print name of Notary Public

78 Belle Ville Lane, Warsaw VA 22572
Print address of Notary Public

My Commission expires on: 8/31/2026

JULIA CAROLE BLACKLEY-RICE
NOTARY PUBLIC
REGISTRATION # 7799013
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
AUGUST 31, 2026



1625806

BILL OF SALE

Date: 9/4/25

Sold to: Town of Warsaw

Address: 150 MEADOWBROOK ROAD
WARSAW VA 22572

Make: _____

Year: _____

Serial #: _____

Seller(s) hereby warrants and represents to the Dealer that they have already attained legal age, that said vehicle is free of all liens and encumbrances, that they will defend and pay all cost involved in defending their title, and that there are no representations or inducements made to them by anyone regarding the vehicle or its sale except as evidenced by separate writing.

Sale Price: _____

Sales Tax: _____

Dealer #: _____

Tax ID #: _____

Dimensions: x

Seller(s): *[Signature]*

Address: _____

Sworn to and subscribed before me on the date stated above:

Julia C. Blackley-Rice
Notary Public:

My Commission Expires: 8/31/2026

SEAL

JULIA CAROLE BLACKLEY-RICE
NOTARY PUBLIC
REGISTRATION # 7799013
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
AUGUST 31, 2026



**AFFIDAVIT CONFIRMING MAILING ADDRESS
FOR MANUFACTURED HOME TITLE**

STATE OF VA
COUNTY OF Richmond

This Affidavit is made for the purpose of confirming a valid address for mailing the Affiant's manufactured home title.

I, TOWN OF WARSAW ("Affiant"), in the presence of the undersigned notary officer, and being duly sworn, make the following statements:

- 1. The below address should be used for mailing my manufactured home title:
Street Address: **(MUST be in-state address):**

PO Box 730
 City: Warsaw VA State: VA Zip Code: 22572

- 2. If my manufactured home title is undeliverable to the address provided in paragraph 1, I will be responsible for contacting the local Department of Motor Vehicles/County Clerk's office directly in order to make any necessary revisions or corrections to the title and to pay any required duplicate title fees.

[Signature]
 (Signature of Affiant)

Sworn to and subscribed before me this 4 day of September, 2025.

[Signature]
 (Signature of Person Administering Oath)

My Commission expires: 8/31/2026
 (Seal)

JULIA CAROLE BLACKLEY-RICE
 NOTARY PUBLIC
 REGISTRATION # 7799013
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES
 AUGUST 31, 2026





APPLICATION FOR CERTIFICATE OF TITLE - MANUFACTURED HOME

VSA 17B (01/01/2018)

Purpose: Use this form to title a manufactured home. Do not use for self-propelled vehicles or travel trailers.

Instructions: Complete this form and return to any DMV customer service center. DMV may request proof of any information provided.

OWNER INFORMATION			
Electronic Title Option - I want DMV to maintain an electronic certificate of title on file for this vehicle. (No paper title will be issued) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Check <input type="checkbox"/> one <input type="checkbox"/> Vehicle is owned by individual(s).	If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either the owner or co-owner?		<input type="checkbox"/> YES <input type="checkbox"/> NO
OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned) Warsaw Town of	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN 111-11-1111	
CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN 000-00-0000	
NOTE: Owners (and Lessees if applicable) MUST provide their residence/home/business where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated.			RESIDENCE/BUSINESS JURISDICTION
OWNER'S STREET ADDRESS (Apt # if applicable) 150 MEADOWBROOK ROAD	CITY WARSAW	STATE VA	ZIP CODE 22572
OWNER'S MAILING ADDRESS (if different from above) 78 BELLE VILLE LANE	CITY WARSAW	STATE VA	ZIP CODE 22572
CO-OWNER'S STREET ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
CO-OWNER'S MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF RICHMOND		Are any of the owners/lessees on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.			
REGISTRATION MAILING ADDRESS - OPTIONAL	CITY	STATE	ZIP CODE

LOG NUMBER:

LIEN INFORMATION			
Is there a lien on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete this section.			
FIRST LIEN DATE (mm/dd/yyyy)	LIENHOLDER NAME	LIENHOLDER CODE	
LIENHOLDER MAILING ADDRESS	CITY/TOWN	STATE	ZIP CODE
SECOND LIEN DATE (mm/dd/yyyy)	LIENHOLDER NAME	LIENHOLDER CODE	
LIENHOLDER MAILING ADDRESS	CITY/TOWN	STATE	ZIP CODE

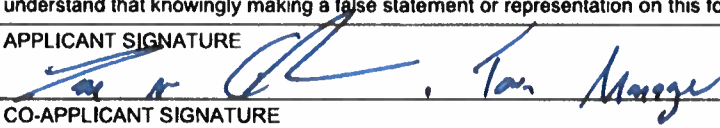
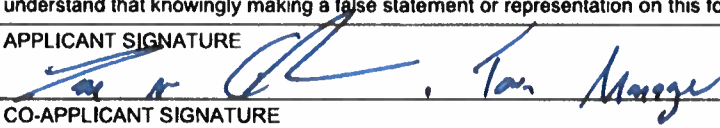
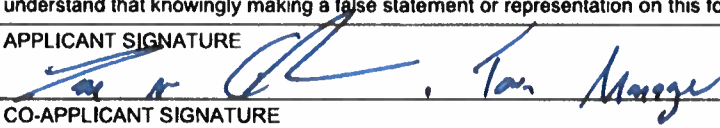
TITLE NUMBER:

SOURCE OF OWNERSHIP INFORMATION					
HOW WAS THIS VEHICLE SOLD TO YOU? (check one) <input type="checkbox"/> USED <input type="checkbox"/> NEW	RENTOR NUMBER	PURCHASE DATE (mm/dd/yyyy)		VA DEALER LICENSE NUMBER	
SALES PRICE	PROCESSING FEE	SALES AND USE TAX	VEHICLE PURCHASED FROM CLAYTON HOMES TAPPAHANNOCK, VA	DEALERS ONLY	MANUFACTURER REBATE/INCENTIVE
STREET ADDRESS 1782 TAPPAHANNOCK BLVD			CITY TAPPAHANNOCK	STATE VA	ZIP CODE 22560



MANUFACTURED HOME INFORMATION							
MANUFACTURER				TYPE	MODEL	YEAR	
PREVIOUS TITLE NUMBER			STATE	SERIAL NUMBER		HOME DIMENSIONS LENGTH _____ FT. x WIDTH _____ FT.	
HOME ADDRESS				CITY		STATE	ZIP CODE
IS VEHICLE STATE OR LOCALITY-OWNED? <input type="checkbox"/> YES - enter agency code <input type="checkbox"/> NO				AGENCY CODE		DIVISION CODE	

NOTICE
<p>PRIVACY NOTICE: The information, including Social Security Number, is requested in accordance with Virginia Code §§46.2-623 and 46.2-629. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. By signing this form, you authorize DMV's exchange of title and registration records with business, law enforcement, or government entities and you authorize DMV's exchange of title and registration records in accordance with Va. Code §§46.2-208 through 46.2-214 and 18 U.S.C. 2721.</p> <p>POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA: Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.</p>

CERTIFICATION				
<p>I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.</p>				
<table style="width:100%;"> <tr> <td style="width:70%;"> APPLICANT SIGNATURE  </td> <td style="width:30%;">DATE (mm/dd/yyyy)</td> </tr> <tr> <td> CO-APPLICANT SIGNATURE </td> <td>DATE (mm/dd/yyyy)</td> </tr> </table>	APPLICANT SIGNATURE 	DATE (mm/dd/yyyy)	CO-APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
APPLICANT SIGNATURE 	DATE (mm/dd/yyyy)			
CO-APPLICANT SIGNATURE	DATE (mm/dd/yyyy)			

DMV USE ONLY							
WITH LIEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		PROOF OF ADDRESS (specify)					
IF HELD, REASON						CLERK STAMP	
SALE PRICE	\$	TITLE FEE	\$	DEALER SURCHARGE	\$		
PROCESSING FEE	\$	UMV FEE	\$	DHCD* (30.00)	\$		
TAX	\$	TRANSFER FEE	\$				
SUBTOTAL	\$	SUBTOTAL	\$	SUBTOTAL	\$		
*Department of Housing and Community Development fee collected from Manufactured Home Dealer when manufactured home is titled.							

SIGNATURE AND "ALSO KNOWN AS" AFFIDAVIT

I, _____, state and affirm that my legal name and my true and correct signature associated therewith are as follows:

(Legal Name)

(Signature)

I furthermore state and affirm that I am also known or also identified as:

(Other Name-Printed)

(Other Name-Printed)

(Other Name-Printed)

(Other Name-Printed)

(Other Name-Printed)

(Other Name-Printed)

State of: _____

County/Parish of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2_____.

(Notary Public Signature)

(Notary Public Printed Name)

My Commission Expires: _____



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(Notary Public Printed Name)

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CLOSING AGENT INFORMATION

A 3rd party witness must be present at each closing.
Please complete the following information for the 3rd party witness.

Name: Julia Blackley-Rice

Phone Number: (804) 333-3737

Email: jblackleyrice@town.warsaw.va.us

This document must be completed and sent in with the closing package.

Home Center use only.

#@barcodejappid@#

1616326

BILL OF SALE

Date: 9/4/2025

Sold to: Town of Warsaw

Address: 171 BELLE VILLE LANE
WARSAW VA 22572

Make: _____

Year: _____

Serial #: _____

Seller(s) hereby warrants and represents to the Dealer that they have already attained legal age, that said vehicle is free of all liens and encumbrances, that they will defend and pay all cost involved in defending their title, and that there are no representations or inducements made to them by anyone regarding the vehicle or its sale except as evidenced by separate writing.

Sale Price: _____

Sales Tax: _____

Dealer #: _____

Tax ID #: _____

Dimensions: _____ x _____

Seller(s): [Signature]

Address: _____

Sworn to and subscribed before me on the date stated above:

[Signature]
Notary Public:

My Commission Expires: 8/31/2026

SEAL

JULIA CAROLE BLACKLEY-RICE
NOTARY PUBLIC
REGISTRATION # 7799013
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
AUGUST 31, 2026



**AFFIDAVIT CONFIRMING MAILING ADDRESS
FOR MANUFACTURED HOME TITLE**

STATE OF VA
COUNTY OF Richmond

This Affidavit is made for the purpose of confirming a valid address for mailing the Affiant's manufactured home title.

I, TOWN OF WARSAW ("Affiant"), in the presence of the undersigned notary officer, and being duly sworn, make the following statements:

- 1. The below address should be used for mailing my manufactured home title:
Street Address: **(MUST be in-state address):**

PO Box 730

 City: Warsaw State: VA Zip Code: 22572

- 2. If my manufactured home title is undeliverable to the address provided in paragraph 1, I will be responsible for contacting the local Department of Motor Vehicles/County Clerk's office directly in order to make any necessary revisions or corrections to the title and to pay any required duplicate title fees.

(Signature of Affiant)

Sworn to and subscribed before me this 4 day of September, 20 25.

Julia C. Blackley-Rice
(Signature of Person Administering Oath)

My Commission expires: 8/31/2026
(Seal)

**JULIA CAROLE BLACKLEY-RICE
 NOTARY PUBLIC
 REGISTRATION # 7799013
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES
 AUGUST 31, 2026**



POWER OF ATTORNEY (SALE)

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Serial #: LEW120079PAABAC ("Manufactured Home")

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I hereby grant the following power of attorney: I appoint **CMH Homes Inc.** located at 5000 Clayton Road Maryville, TN 37804 ("Retailer") as my true and lawful attorney in fact and grant said attorney in fact the power and authority to sign all papers and do all things necessary on a continuing basis to transfer ownership, sign title documents, apply for duplicate titles, secure insurance, note and record liens, create and perfect security interests, make application for licensing and registration, complete or correct identification or description, and perform any and all other acts related to any of the foregoing with respect to the Manufactured Home.

Address: 171 BELLE VILLE LANE WARSAW VA 22572

Phone #: () _____

[Signature]
Signature of: Town of Warsaw

Signature of: _____

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County/Parish of Richmond in the State of VA, appeared
Name of County/Parish State

Town of Warsaw, Joseph Quesenberry, Town Manager
Printed Name(s)

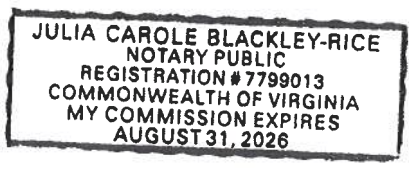
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Julia C. Blackley-Rice
Signature of Notary Public

Julia Carole Blackley-Rice
Print name of Notary Public

78 Belle Ville Lane, Warsaw, VA 22572
Print address of Notary Public

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Address: 171 BELLE VILLE LANE WARSAW VA 22572

Phone #: () _____

[Signature]
Signature of: Town of Warsaw

Signature of: _____

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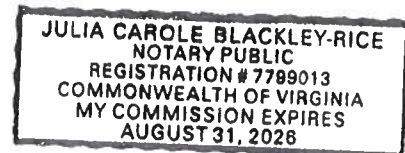
on this 4 day of September, 2025.

Julia C. Blackley-Rice
Signature of Notary Public

Julia Carole Blackley-Rice
Print name of Notary Public

78 Belle Ville Lane, Warsaw, VA 22572
Print address of Notary Public

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Address: 171 BELLE VILLE LANE WARSAW VA 22572

Phone #: () _____

[Signature]
Signature of: Town of Warsaw

Signature of: _____

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County/Parish of Richmond in the State of VA, appeared

Town of Warsaw, Joseph Quesenberry Town Manager

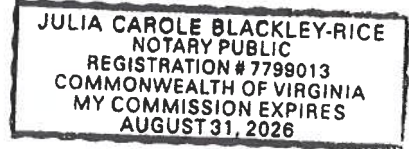
on this 4 day of September, 2025.

Julia C. Blackley-Rice
Signature of Notary Public

Julia Carole Blackley-Rice
Print name of Notary Public

78 Belle Ville Lane, Warsaw, VA 22572
Print address of Notary Public

My Commission expires on: 8/31/2026



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Address: 171 BELLE VILLE LANE WARSAW VA 22572

Phone #: () _____

[Handwritten Signature]
Signature of: Town of Warsaw

Signature of: _____

Sworn to and subscribed before me Julia Carole Blackley-Rice, a Notary Public for the
Name of Notary Public

County/Parish of Richmond in the State of VA, appeared
Name of County/Parish State

Town of Warsaw, Joseph Quesenberry, Town Manager
Printed Name(s)

on this 4 day of September, 2025.

Julia C. Blackley-Rice
Signature of Notary Public

Julia C. Blackley-Rice
Print name of Notary Public

78 Belle Ville Lane, Warsaw, VA 22572
Print address of Notary Public

My Commission expires on: 8/31/2026

JULIA CAROLE BLACKLEY-RICE
NOTARY PUBLIC
REGISTRATION # 7799013
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
AUGUST 31, 2026



SIGNATURE AND "ALSO KNOWN AS" AFFIDAVIT

I, _____, state and affirm that my legal name and my true and correct signature associated therewith are as follows:

(Legal Name)

(Signature)

I furthermore state and affirm that I am also known or also identified as:

(Other Name-Printed)

(Other Name-Printed)

(Other Name-Printed)

(Other Name-Printed)

(Other Name-Printed)

(Other Name-Printed)

State of: _____

County/Parish of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2_____.

(Notary Public Signature)

(Notary Public Printed Name)

My Commission Expires: _____



SIGNATURE AND "ALSO KNOWN AS" AFFIDAVIT

I, _____, state and affirm that my legal name and my true and correct signature associated therewith are as follows:

(Legal Name)

(Signature)

I furthermore state and affirm that I am also known or also identified as:

(Other Name-Printed)

(Other Name-Printed)

(Other Name-Printed)

(Other Name-Printed)

(Other Name-Printed)

(Other Name-Printed)

State of: _____

County/Parish of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2_____.

(Notary Public Signature)

(Notary Public Printed Name)

My Commission Expires: _____

