



Dwelling	Comp. Sh.	Wood Siding	Yr. Built	Remod.	Bemt. [ ] 2nd [ ]	Plaster	BATH(S) Full 1/2 Bath(s)
	Slate	Brick	No. Stories	1st [ ] 3rd [ ]	Sheet rock	Modern Bath [ ] Modern Kitchen	
	Asbestos	Asb. Wood Shg.	S. Level [ ] S. Foyer [ ]	Total No. Bedrooms	Ceciled	Cent. Heat	A/C
	Metal	Cin. Block [ ] Stone [ ]			Panel	Fir. or Wall Furnace [ ] Stove(s)	
Wood Frame	Tar & Grav.	Stucco [ ] Con. Block [ ]	Crawl [ ] Conc. [ ]	HW [ ] Pine [ ] Carp. [ ] Tile [ ]	Unfinished	Number	
Cin. Block	Tile	Aluminum [ ] Masonite [ ]	Riers [ ] Cin. Bik. [ ]			Number Chimneys	
Steel Frame	Shakes	Storm Doors [ ] Storm Win. [ ]	Slab [ ] Brick [ ]	Disappearing Stairs	Gd. [ ] Fair [ ] Poor [ ] VP [ ]	Brick [ ] C. Block [ ]	

DW 25x70  
1960 25 49,000

Gd. [ ] Fair [ ] Poor [ ] VP [ ]	Basement Size	Attic Floor & Stairs	Attic [ ] Walls [ ] Fl. [ ]	Stone [ ] Metal [ ]
	Basmt. Finish	1/4 [ ] 1/2 [ ] 3/4 [ ] Full [ ]	YR.	YR.

Dwelling		DT		45100
Porch				
Porch				
Carport				
Garage				
Cent. A/C				
Basement				

M & L	M & L	Market Value All Improvements	45100
DATE	DATE	Market Value All Land	45100
APRP.	APRP.	Owner	
DATE	DATE	Make	Year
		Size	Cond.
		Not Home [ ]	Time
		AM [ ] PM [ ]	

Total 49,000  
Factor .92  
Replacement 45,080

CLASSIFICATION	ACRES	RATE	ADJ.	CLASSIFICATION	ACRES	RATE	ADJ.
Home Site				Home Site			
Public Water	Paved						
Public Sewer	Gravel						
Well	Dirt						
Spring	No Road						
Septic System	Curb & Gutter	Wasteland		Wasteland			
U. G. Utilities	Sidewalk						

General Remarks:

LEVEL [ ] SLOPES UP [ ] SLOPES DOWN [ ]  
LOW [ ] STEEP UP [ ] STEEP DOWN [ ]

BOARD REVIEW NOTES



# APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION

VSA 17A (REV 1/90)

TYPE OF APPLICATION (check one):

128

- CERTIFICATE OF TITLE
- REGISTRATION ONLY
- CERTIFICATE OF TITLE AND REGISTRATION

CERTIFICATE OF TITLE FOR (check one):

- REPOSSESSED (Vehicle must be in your possession),
- ABANDONED (Applicant for title vehicles sold under Mechanic's Lien, Storage Lien and Abandoned Vehicles must also complete Form VSA 41, "Affidavit of Compliance".)
- REPLEVIED
- SEIZED
- SOLD UNDER COURT ORDER - MECHANIC'S LIEN - STORAGE LIEN

Paid - 8

ALL APPLICANTS MUST COMPLETE SECTIONS 1, 2, 3, 4, 5 and 8. COMPLETE OTHER SECTIONS AS REQUIRED

SEP 15 1990

TWM-628

### 1. OWNER INFORMATION (MUST be completed by all applicants)

OWNER'S NAME (FIRST, MIDDLE, LAST) <b>JAMES P. SENTER</b>		SOCIAL SECURITY NUMBER OR FEDERAL ID NO. 226-52-1691	
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 owner named on this title? Please indicate by checking one of the following. <input type="checkbox"/> YES <input type="checkbox"/> NO			
CO-OWNER'S NAME (FIRST, MIDDLE, LAST) <b>GINGER SENTER</b>		SOCIAL SECURITY NUMBER OR FEDERAL ID NO. 227-60-0665	
OWNER'S STREET ADDRESS <i>Rt 2 Box 184A</i>		CITY OR TOWN <i>Bristol</i>	STATE ZIP CODE VA 24228
VEHICLE PRINCIPALLY GARAGED IN CITY OR COUNTY OF: <input checked="" type="checkbox"/> CITY OF <input type="checkbox"/> COUNTY OF DICKENSON TOWN YOU RESIDE IN, IF ANY			

### 2. LIEN INFORMATION — Complete this section if this vehicle is pledged as security. If no lien check only

WITH LIEN

DATE OF FIRST LIEN <i>9-6-90</i>	LIENHOLDER'S NAME <b>SECURITY PACIFIC HOUSING SERVICES INC</b>		
LIENHOLDER'S MAILING ADDRESS <i>PO BOX 21469</i>	CITY OR TOWN <b>ROANOKE</b>	STATE <b>VA</b>	ZIP CODE <b>24018</b>
DATE OF SECOND LIEN	LIENHOLDER'S NAME <b>NONE</b>		
LIENHOLDER'S MAILING ADDRESS	CITY OR TOWN	STATE	ZIP CODE <b>NONE</b>

### 3. SOURCE OF OWNERSHIP (MUST be completed by all applicants)

VEHICLE SOLD TO YOU AS (CHECK ONE): <input type="checkbox"/> USED <input type="checkbox"/> NEW <input type="checkbox"/> DEMONSTRATOR <input type="checkbox"/> SALVAGE		VA. DEALER LIC. NO. <i>5678</i>	DATE OF PURCHASE <i>9-6-90</i>
FROM WHOM PURCHASED <b>LINKOUS HOMES INC</b>			
STREET ADDRESS <b>4618 LEE HWY</b>	CITY OR TOWN <b>BRISTOL</b>	STATE <b>VA</b>	ZIP CODE <b>24201</b>
SALE PRICE <b>25,395.00</b>		SALES AND USE TAX <b>761.85</b>	

### 4. VEHICLE INFORMATION (MUST be completed by all applicants)

MAKE <b>SOUTHERN ENERGY</b>	BODY TYPE <b>MOBILE HOME</b>	MODEL YEAR <b>1991</b>	PREVIOUS TITLE NUMBER	STATE
VEHICLE IDENTIFICATION NUMBER <b>DSEAL4213A</b>	EMPTY WEIGHT	TRUCKS & TRAILERS ONLY GROSS WT.	NO. OF AXLES	FUEL TYPE
CHASSIS INFORMATION: COMPLETE FOR MULTI-STAGE VEHICLES ONLY		MAKE <b>SOUTHERN ENERGY</b>	MODEL YEAR <b>1991</b>	CHASSIS IDENTIFICATION NUMBER
A vehicle is Multi-Stage if its chassis and body are manufactured as separate units with different make, model year, and/or chassis ID number.			SEATING CAPACITY (BUSES ONLY)	

(ALL APPLICANTS MUST COMPLETE ODOMETER AND CERTIFICATION STATEMENT ON REVERSE SIDE)

### THIS SECTION FOR DMV USE ONLY

WITH LIEN	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
COUNTER CLERK	<i>8</i>	
DATA ENTRY	<i>8</i>	
REASSOCIATION	<i>8</i>	
LICENSE PLATE NUMBER		
EXPIRATION DATE		

DATA ENTRY CLERK STAMP

Paid - 8

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SALE PRICE	<b>25395.00</b>
TAX	<b>761.85</b>
TITLE FEE	<b>10.00</b>
LICENSE FEE	
UMV FEE	
TRANSFER FEE	
TOTAL	<b>771.85</b>

Date 9-15-90 Title Number 44 295570



# APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION

VSA 17A (REV 1/90)

TYPE OF APPLICATION (check one):

- CERTIFICATE OF TITLE
- REGISTRATION ONLY
- CERTIFICATE OF TITLE AND REGISTRATION
- CERTIFICATE OF TITLE TO A MOBILE HOME
- REPLEVIED
- SEIZED
- REPOSSESSED (Vehicle must be in your possession),
- SOLD UNDER COURT ORDER - MECHANIC'S LIEN - STORAGE LIEN
- ABANDONED (Applicant for title vehicles sold under Mechanic's Lien, Storage Lien and Abandoned Vehicles must also complete Form VSA 41, "Affidavit of Compliance".)

ALL APPLICANTS MUST COMPLETE SECTIONS 1, 2, 3, 4, 5 and 8. COMPLETE OTHER SECTIONS AS REQUIRED.

### 1. OWNER INFORMATION (MUST be completed by all applicants)

OWNER'S NAME (FIRST, MIDDLE, LAST) JAMES P. SENTER		SOCIAL SECURITY NUMBER OR FEDERAL ID NO. 226-52-1691	
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 owner named on this title? Please indicate by checking one of the following. <input type="checkbox"/> YES <input type="checkbox"/> NO			
CO-OWNER'S NAME (FIRST, MIDDLE, LAST) GINGER SENTER		SOCIAL SECURITY NUMBER OR FEDERAL ID NO. 227-60-0665	
OWNER'S STREET ADDRESS 272 Boylston		CITY OR TOWN Chatham	STATE ZIP CODE VA 24228
VEHICLE PRINCIPALLY GARAGED IN CITY OR COUNTY OF: <input checked="" type="checkbox"/> CITY OF <input type="checkbox"/> COUNTY OF DICKENSON TOWN YOU RESIDE IN, IF ANY			

### 2. LIEN INFORMATION --- Complete this section if this vehicle is pledged as security. If no lien check only this block.

DATE OF FIRST LIEN 9-6-90	LIENHOLDER'S NAME SECURITY PACIFIC HOUSING SERVICES INC		
LIENHOLDER'S MAILING ADDRESS PO BOX 21469		CITY OR TOWN ROANOKE	STATE ZIP CODE VA 24018
DATE OF SECOND LIEN	LIENHOLDER'S NAME NONE		
LIENHOLDER'S MAILING ADDRESS NONE		CITY OR TOWN	STATE ZIP CODE

### 3. SOURCE OF OWNERSHIP (MUST be completed by all applicants)

VEHICLE SOLD TO YOU AS (CHECK ONE): <input type="checkbox"/> USED <input checked="" type="checkbox"/> NEW <input type="checkbox"/> DEMONSTRATOR <input type="checkbox"/> SALVAGE		VA. DEALER LIC. NO. 5678	DATE OF PURCHASE 9-6-90
FROM WHOM PURCHASED LINKOUS HOMES INC			
STREET ADDRESS 4618 LEE HWY		CITY OR TOWN BRISTOL	STATE ZIP CODE VA 24201
SALE PRICE 25,395		SALES AND USE TAX 761.85	

### 4. VEHICLE INFORMATION (MUST be completed by all applicants)

MAKE SOUTHERN ENERGY	BODY TYPE MOBILE HOME	MODEL YEAR 1991	PREVIOUS TITLE NUMBER	STATE
VEHICLE IDENTIFICATION NUMBER DSEAL4213B	EMPTY WEIGHT	TRUCKS & TRAILERS ONLY GROSS WT.	NO. OF AXLES	FUEL TYPE
CHASSIS INFORMATION: COMPLETE FOR MULTI-STAGE VEHICLES ONLY		MAKE MODEL YEAR	CHASSIS IDENTIFICATION NUMBER	SEATING CAPACITY (BUSES ONLY)

A vehicle is Multi-Stage if its chassis and body are manufactured as separate units with different make, model year, and/or chassis ID number.

(ALL APPLICANTS MUST COMPLETE ODOMETER AND CERTIFICATION STATEMENT ON REVERSE SIDE)

### THIS SECTION FOR DMV USE ONLY

WITH LIEN	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
COUNTER CLERK	8	
DATA ENTRY	8	
REASSOCIATION	8	
LICENSE PLATE NUMBER		
EXPIRATION DATE		

DATA ENTRY CLERK STAMP

Paid - 8

SEP 15 1990

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SALE PRICE	25395.00
TAX	761.85
TITLE FEE	10.00
LICENSE FEE	
UMV FEE	
TRANSFER FEE	
TOTAL	771.85

Date 9-15-90 Title Number 44295569

PAID SEP 15 1990 TWM-628