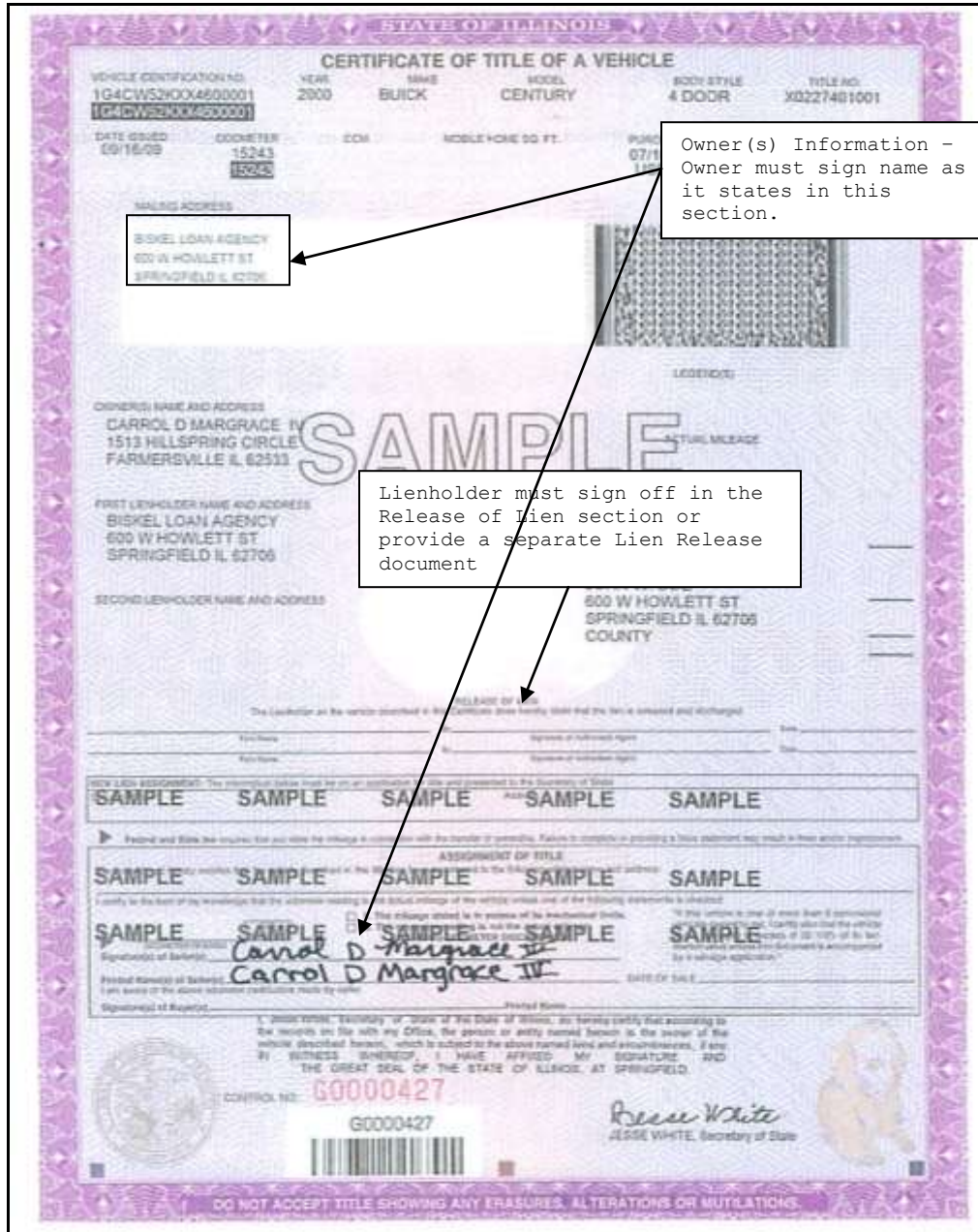


**Front of Title**



**STATE OF ILLINOIS**  
**CERTIFICATE OF TITLE OF A VEHICLE**

VEHICLE IDENTIFICATION NO. 1G4CW52H0XA600001  
YEAR 2000 NAME BUICK MODEL CENTURY BODY STYLE 4 DOOR TITLE NO. X0227401001

DATE ISSUED 09/16/09 ODOMETER 15243

MAILING ADDRESS  
BISKEL LOAN AGENCY  
600 W HOWLETT ST  
SPRINGFIELD IL 62706

OWNER(S) NAME AND ADDRESS  
CARROL D MARGRACE IV  
1513 HILLSPRING CIRCLE  
FARMERSVILLE IL 62333

FIRST LIENHOLDER NAME AND ADDRESS  
BISKEL LOAN AGENCY  
600 W HOWLETT ST  
SPRINGFIELD IL 62706

SECOND LIENHOLDER NAME AND ADDRESS  
600 W HOWLETT ST  
SPRINGFIELD IL 62706  
COUNTY

RELEASE OF LIEN  
The Lienholder on the vehicle described in this certificate hereby certifies that the lien is released and discharged.

NEW LIEN ASSIGNMENT: The information below must be an accurate description of the vehicle and presented to the Secretary of State

ASSIGNMENT OF TITLE  
I certify to the best of my knowledge that the address resulting in the actual release of the vehicle, unless one of the following exemptions is obtained:

Signature of Seller: *Carrol D Margrace IV*  
Printed Name of Seller: *Carrol D Margrace IV*  
Printed Name of Buyer: \_\_\_\_\_  
Date of Sale: \_\_\_\_\_

CONTROL NO. G0000427  
G0000427  
Jesse White  
JESSE WHITE, Secretary of State

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

Owner(s) Information -  
Owner must sign name as  
it states in this  
section.

Lienholder must sign off in the  
Release of Lien section or  
provide a separate Lien Release  
document

Please note that this Title Reference Guide has been prepared solely for internal use at Insurance Auto Auctions, Inc., its subsidiaries and affiliated entities ("IAA"). No representation is made as to the accuracy or completeness of the information contained herein.

# Back of Title

Federal and State law requires 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.

The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens, except as noted, and has been transferred to the following printed name and address:

FIRST REASSIGNMENT DEALER ONLY	Name of Purchaser _____ Street _____ City _____ State _____ Zip _____
	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: <input type="checkbox"/> ODOMETER READING <input checked="" type="checkbox"/> NO TITLE <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limit. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.
	Mile of Title _____ Dealer's Name _____ Dealer No. _____
	I am aware of the above odometer certification made by the seller/agent. _____ Printed Name (same as signature)
	Signature of Buyer/Agent _____ Printed Name (same as signature)
SECOND REASSIGNMENT DEALER ONLY	Name of Purchaser _____ Street _____ City _____ State _____ Zip _____
	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: <input type="checkbox"/> ODOMETER READING <input checked="" type="checkbox"/> NO TITLE <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limit. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.
	Mile of Title _____ Dealer's Name _____ Dealer No. _____
	I am aware of the above odometer certification made by the seller/agent. _____ Printed Name (same as signature)
	Signature of Buyer/Agent _____ Printed Name (same as signature)
THIRD REASSIGNMENT DEALER ONLY	Name of Purchaser _____ Street _____ City _____ State _____ Zip _____
	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: <input type="checkbox"/> ODOMETER READING <input checked="" type="checkbox"/> NO TITLE <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limit. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.
	Mile of Title _____ Dealer's Name _____ Dealer No. _____
	I am aware of the above odometer certification made by the seller/agent. _____ Printed Name (same as signature)
	Signature of Buyer/Agent _____ Printed Name (same as signature)
FOURTH REASSIGNMENT DEALER ONLY	Name of Purchaser _____ Street _____ City _____ State _____ Zip _____
	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: <input type="checkbox"/> ODOMETER READING <input checked="" type="checkbox"/> NO TITLE <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limit. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.
	Mile of Title _____ Dealer's Name _____ Dealer No. _____
	I am aware of the above odometer certification made by the seller/agent. _____ Printed Name (same as signature)
	Signature of Buyer/Agent _____ Printed Name (same as signature)
LAST REASSIGNMENT DEALER ONLY	Name of Purchaser _____ Street _____ City _____ State _____ Zip _____
	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: <input type="checkbox"/> ODOMETER READING <input checked="" type="checkbox"/> NO TITLE <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limit. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.
	Mile of Title _____ Dealer's Name _____ Dealer No. _____
	I am aware of the above odometer certification made by the seller/agent. _____ Printed Name (same as signature)
	Signature of Buyer/Agent _____ Printed Name (same as signature)

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

VT02 01.04

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