

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1245838

Vendor Name: Illinois Secretary of State

Invoice Number: TITLE/M PLATE FEE

Invoice Date: 08/12/21

PO Number:

Check Number: 0283841

Check Amount: \$ 316.00

Check Date: 08/17/2021

Department ID: 00757

Reviewer Name:

Voucher Number: V0693932

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Thu Aug 12 14:49:36 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Image

[attachment: 0327_001.pdf]

Check P1UP - Next Wed. 8/18/21
Give check to John Gander

College of DuPage - Accounts Payable
Check Request Form
revised 1/29/2021

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Non-Purchase Order Procedure No. 10.

Date: 8/12/2021
Vendor ID: 1245838

| Invoice Number | Fund | Func. | Dept. | Object | Amount |
|-------------------|------|-------|-------|---------|-----------|
| Title/M Plate Fee | 01 | 080 | 00757 | 5904001 | \$ 158.00 |
| Title Fee Only | 01 | 080 | 00757 | 5904001 | \$ 150.00 |
| M Plate Fee Only | 01 | 080 | 00757 | 5904001 | \$ 8.00 |
| Grand Total | | | | | \$ 316.00 |

Check the appropriate box below and sign

☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been received in satisfactory condition/manner. Consequently, payment is appropriate at this time.

☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not been provided in satisfactory condition/manner. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in satisfactory condition/manner.

Payee Name: Illinois Secretary of State

Payee Address: 501 S 2nd St Springfield, IL 62756

Description on Check:

1991 Pierce Lance Pumper Title & M Plate, 2008 Ford Escape Title, 2013 Ford Fusion M Plate

Approvals:

Prepared By:

Ed Haskell

Signature:

Ed Haskell

Payment Due:

asap

Board Approved Date:

Approved By:

John Gander

Signature:

Approved By:

Scott L. Brady

Signature:

Approved By Division VP:

Date:

8/12/21

Date:

08/12/2021

Date:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu

| | | | | | | | |
|--|--|--|--|---|--|-----------------------|--|
| 1. Type of Transaction(s): <input checked="" type="checkbox"/> Title and Plates <input type="checkbox"/> Title and Transfer <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Single Plate Replacement <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other: | | 2. Current Plate Number "M" MUNICIPAL | | 3. Plate Type Requested "M" MUNICIPAL | | 4. Exp. Month Year | |
| Do not write in Validation Area. | | | | | | | |
| 5. OWNER / PURCHASER INFORMATION First COLLEGE OF DUPAGE Middle Last Residence/Business Street Address 425 FAWELL BLVD City GLEN ELLEN IL 60137 6. Owner 1 DUFEIN # 36-2594972 Owner 2 DUFEIN # | | | | | | | |
| 7. VEHICLE INFORMATION Vehicle Identification Number (VIN) 4P1CT02D2MA000545 | | | | | | | |
| 8. Purchase Date 12/19/20 Month Day Year <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | | 9. Current Odometer Reading (No tenths) <input type="checkbox"/> Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 years or older (mileage not required) | | 10. Surrender Title Number and State # K6513528 State IL | | 11. File Number | |
| 12. Unit Number | | 13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) | | 14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Insurance Company Name (Do not list agent) Policy Number | | | |
| 15. FIRST LIENHOLDER Name Street Address City State ZIP | | 16. SECOND LIENHOLDER Name Street Address City State ZIP | | 17. TRANSFER INFORMATION Year Make/Model VIN | | | |
| 19. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication. | | 20. REASON FOR REPLACEMENT PLATES/STICKER <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Respacing <input type="checkbox"/> Requesting a Different Number | | | | | |
| 22. BENEFICIARY INFORMATION Name Address ZIP Country | | 21. WHEN REPLACING PLATES, YOU MUST CHECK ONE: <input type="checkbox"/> I wish to be issued a random-number plate. <input type="checkbox"/> I wish to retain my current plate number. | | | | | |
| 23. Daytime Phone Number (optional) 630-942-3487 | | 25. OWNER EMAIL ADDRESS | | | | | |
| 24. Signature 24. Signature 24. Signature | | 26. AUDITOR'S USE ONLY TRP NUMBER Tax Form Number | | | | | |
| 2. Circle All Attachments: POA, Small Estate, Affidavit, Affirmation, Loan/Lease Agreement, Lien Release, Release of Interest, Death, Note Other(s): | | 27. Circle Quarter: 1st 2nd 3rd 4th | | | | | |
| Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/We hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller. | | | | | | | |
| OFFICE USE ONLY Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP: Control #: 0888722446 | | | | | | | |
| CUSTOMER RECEIPT TRP #: Date: | | | | | | | |

RUT-50 Private Party Vehicle Use Tax Transaction

Step 1: Complete the purchaser's information

1 Name: COLLEGE OF DU PAGE

2 Co-owner(s):

3 Street address: 425 FAWELL BLVD

City, State, ZIP: GLEN ELLYN IL 10137

4 Daytime phone: (630) 442-3487

5 ☐ SSN or ☒ FEIN 362594972

6 Driver's license no: [redacted]

7 County DuPage

Step 2: Complete the seller's information

1 Name: CITY OF GENEVA

2 Daytime phone: () - -

3 Street address: 22 S. 1ST ST
City, State, Zip: GENEVA, IL 60134

Step 3: Describe the vehicle - Must complete Line 1 even if no tax is due

[illegible]

Step 4: Mark the ONE box that best describes your transaction *if* your motor vehicle qualifies as exempt from tax, an exception, or a motorcycle or ATV - If Step 4 does not apply, skip to Step 5.

1 Exemption - Write \$0 on Step 6, Lines 1, 2 and 3

1a Organization with tax-exempt status - Provide exemption number: E 9 9 9 7 3 3 9 J

1b Farm implement or ready-mix truck

1c Rolling stock - Provide certificate of authority number:

1d You were an out-of-state resident; item used outside IL at least 3 months. Purchase date: MM DD YYYY

1e Estate gift for surviving spouse

2 Exception - Write \$15 on Step 6, Line 1. See RUT-6, Form RUT-50 Reference Guide for Step 6, Lines 2 and 3.

2a Estate gift for beneficiary(not surviving spouse)

2b Business reorganization

2c Transferred or purchased from spouse, parent, brother, sister, or child. Circle one.

3 Motorcycle or ATV - Write \$25 on Step 6, Line 1. See RUT-6, Form RUT-50 Reference Guide for Step 6, Lines 2 and 3.

Step 5: Mark Table A or Table B for your Illinois Private Party Vehicle Use Tax - If you marked an item in Step 4, skip to Step 6

Step 4, skip to Step 6

Table A or B - See instructions to determine tax amount due and write it on Step 6, Line 1.

If Step 3, Line 1 is less than \$15,000 use Table A for your Illinois Tax due. See instructions.

If Step 3, Line 1 is \$15,000 or more use Table B for your Illinois Tax due. See instructions.

Step 6: Figure your tax

- 1 Illinois Private Party Vehicle Use Tax due.
- 2 Municipal private party vehicle use tax due. See RUT-6, Form RUT-50 Reference Guide.
- 3 County private party vehicle use tax due. See RUT-6, Form RUT-50 Reference Guide.
- 4 Add Lines 1, 2, and 3.
- 5 Credit for tax previously paid to the state of _____.
- 6 Subtract Line 5 from Line 4. This is your total tax due.

Step 7: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete. I understand that the penalty for willfully filing a false return shall be a fine not to exceed \$1,000 or imprisonment in a penal institution, other than the penitentiary not to exceed one year, or both fine and imprisonment.

Scott Franklin Date 8-12-09

| Co-owner's signature | Date |
|----------------------|------|
| | |

Remittance agent number (if applicable)

This form is authorized under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Do not write below this line.
Data received by Illinois state government

STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO.
4P1CT02D2MA000545

YEAR
91

MAKE
PIERCE

MODEL

BODY STYLE
SP-EQUIP.

NO. CYL
4

HP/COM

PURCHASE DATE
07/18/91

PURCHASED
NEW

TYPE OF TITLE
ORIGINAL

TITLE NO.

ISSUE DATE
08/30/91

PREVIOUS TITLE NO.

MOBILE/HOME SQ. FT.

ODOMETER

K6513528 08/30/91 MCO

MAILING ADDRESS

1ST NATIONAL BANK OF GENEVA
21 N 3RD ST POB 349
GENEVA IL 60134-2228

LEGEND(S)

OWNER(S) NAME AND ADDRESS

CITY OF GENEVA
22 S 1ST ST
GENEVA IL 60134-2291

MILEAGE NOT
REQUIRED

FIRST LIENHOLDER NAME AND ADDRESS

1ST NATIONAL BANK OF GENEVA
21 N 3RD ST POB 349
GENEVA IL 60134-2228

SECOND LIENHOLDER NAME AND ADDRESS

RELEASE OF LIEN

The holder of lien on the vehicle described in this Certificate does hereby state that the lien is released and discharged.
First National Bank of Geneva

By

Kem Hill

Title Holder

Firm Name

By

George H. Ryan

Signature of Authorized Agent

Date

Date 8/1/01



I, George H. Ryan, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named herein is the owner of the vehicle described herein, which is subject to the above named liens and encumbrances, if any.
IN WITNESS WHEREOF, I HAVE HERE TO AFFIXED MY SIGNATURE AND
THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.

A16834281

CONTROL NO.

GEORGE H. RYAN, Secretary of State



DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS

► 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.

ASSIGNMENT OF TITLE

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

"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:
► 28,531 ☒ NO TENTHS ☐ TENTHS
ODOMETER READING
Signature(s) of Seller(s) Stephen M. Kuhn ☐ 1. The mileage stated is in excess of its mechanical limits.
Signature(s) of Buyer(s) Stephen M. Kuhn ☐ 2. The odometer reading is not the actual mileage.
Printed Name(s) of Seller(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

Signature(s) of Seller(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."
Printed Name(s) of Seller(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."
Signature(s) of Buyer(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."
Printed Name(s) of Buyer(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

The undersigned dealer hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

"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:

► 28,531 ☒ NO TENTHS ☐ TENTHS
ODOMETER READING
Signature of Dealer or Agent Stephen M. Kuhn ☐ 1. The mileage stated is in excess of its mechanical limits.
Printed Firm Name Stephen M. Kuhn ☐ 2. The odometer reading is not the actual mileage.
Signature(s) of Buyer(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

Signature of Dealer or Agent Stephen M. Kuhn ☐ 1. The mileage stated is in excess of its mechanical limits.
Printed Firm Name Stephen M. Kuhn ☐ 2. The odometer reading is not the actual mileage.
Signature(s) of Buyer(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

Signature(s) of Buyer(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

SECOND RE-ASSIGNMENT BY DEALER

The undersigned dealer hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

"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:

► 28,531 ☒ NO TENTHS ☐ TENTHS
ODOMETER READING
Signature of Dealer or Agent Stephen M. Kuhn ☐ 1. The mileage stated is in excess of its mechanical limits.
Printed Firm Name Stephen M. Kuhn ☐ 2. The odometer reading is not the actual mileage.
Signature(s) of Buyer(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

Signature of Dealer or Agent Stephen M. Kuhn ☐ 1. The mileage stated is in excess of its mechanical limits.
Printed Firm Name Stephen M. Kuhn ☐ 2. The odometer reading is not the actual mileage.
Signature(s) of Buyer(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

Signature(s) of Buyer(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

THIRD RE-ASSIGNMENT BY DEALER

The undersigned dealer hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

"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:

► 28,531 ☒ NO TENTHS ☐ TENTHS
ODOMETER READING
Signature of Dealer or Agent Stephen M. Kuhn ☐ 1. The mileage stated is in excess of its mechanical limits.
Printed Firm Name Stephen M. Kuhn ☐ 2. The odometer reading is not the actual mileage.
Signature(s) of Buyer(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

Signature of Dealer or Agent Stephen M. Kuhn ☐ 1. The mileage stated is in excess of its mechanical limits.
Printed Firm Name Stephen M. Kuhn ☐ 2. The odometer reading is not the actual mileage.
Signature(s) of Buyer(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

Signature(s) of Buyer(s) Stephen M. Kuhn ☐ 3. The odometer reading is in excess of 33 1/3% of its fair market value unless this document is accompanied by a salvage application."

NO ADDITIONAL RE-ASSIGNMENTS PERMITTED

LIEN HOLDER TO BE SHOWN ON NEW TITLE

1st Lien in favor of _____

whose address is _____

2nd Lien in favor of _____

whose address is _____



Type of Transaction(s):

Title and Plates

Title and Transfer

☒ Title Only

Duplicate Title

Corrected Title

Salvage Certificate

Junking Certificate

Plates Only

Sticker Only

Transfer Only

Corrected ID Card

Duplicate ID Card

Single Plate Replacement

Set of Plates Replacement

Sticker Replacement

Reclass of License Plates

Resale of License Plates

Other:

8. Purchase Date

New

Used

2 / 19 / 21

Month

Day

Year

9. Current Odometer Reading
(No Tenth)

☐ Actual

☐ In Excess of Mechanical Limits

☒ 10 years or older (mileage not required)

10. Surrender Title Number and State

X8162057004

State: IL

3. Plate Type Requested

Do not write in Validation Area.

3. Current Plate Number

COLLEGE OF DU PAGE

4. Exp. Month

Year

5. OWNER / PURCHASER INFORMATION

First Last Middle

GLEN ELLYN

City ZIP IL 60137

Residence/Business Street Address

425 FAWCETT BLVD

6. Owner 1 DL/FEIN #

Owner 2 DL/FEIN #

36-2594972

7. VEHICLE INFORMATION

Vehicle Identification Number (VIN)

1FMCU94138KB68798

Year Make Model Body Style Color

08 Ford ESCAPE UTILITY

9. Rebuilt Flood MCY C.C. Mobile Home Sq. Ft. Rental Leased

Check if G.V.W.R. over 16,000 pounds Yes Gross Weight (RV, RT, TRK, BUS, TRLR) For Hire # of Axles

11. File Number 12. Unit Number

14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)

Insurance Company Name

Policy Number

Expiration Date

16. SECOND LIENHOLDER

Name

Street Address

City State ZIP

17. TRANSFER INFORMATION

Year Make/Model VIN

19. REASON(S) FOR CORRECTED OR DUPLICATE TITLE

State all reasons for corrections or duplication.

22. BENEFICIARY INFORMATION

Name

Address

ZIP Country

23. Daytime Phone Number (optional)

630-942-3487

24. Signature

1. S.D. Hasek

2.

Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions.
I/We hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.

18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)

Name Dealer #

MARIAN E. HESENSTREIT

Address

S51 FOREST AVE APT 507 GLENELLYN, IL 60131

20. REASON FOR REPLACEMENT PLATES/STICKER

☐ Lost ☐ Stolen ☐ Destroyed

☐ Requesting a Different Number ☐ Respacing

21. WHEN REPLACING PLATES, YOU MUST CHECK ONE:

☐ I wish to be issued a random-number plate.

☐ I wish to retain my current plate number.

25. OWNER EMAIL ADDRESS

26. AUDITOR'S USE ONLY

TRP NUMBER Tax Form Number

\$ Circle Quarter:
1st 2nd 3rd 4th

Circle All Attachments:
POA, Small Estate, Affidavit, Affirmation,
Loan/Lease Agreement, Lien Release,
Release of Interest, Death, Note Other(s):

OFFICE USE ONLY

Verified by CRT I.D. REMITTER/DRIVER SERVICES FACILITY STAMP:

Control #: 0888722454

CUSTOMER RECEIPT

TRP #: Date:



RUT-50 Private Party Vehicle Use Tax Transaction

Step 1: Complete the purchaser's information

| | | | |
|-------------------|--------------------|--|----------------|
| 1 Name: | COLLEGE OF DU PAGE | 4 Daytime phone: | 630, 942, 3487 |
| 2 Co-owner(s): | | 5 <input type="checkbox"/> SSN or <input checked="" type="checkbox"/> FEIN | 362594972 |
| 3 Street address: | 425 FAWELL BLVD | 6 Driver's license no: | |
| City, State, ZIP: | GLEN ELYN IL 60137 | 7 County | DUPAGE |

Step 2: Complete the seller's information DONOR

| | | | |
|------------------------|------------------------|-------------------|------------------------|
| 1 Name: | MARIAN E. HEBEN STREET | 3 Street address: | 501 FOREST AVE APT 507 |
| 2 Daytime phone: () - | | City, State, Zip: | GLEN ELYN, IL 60137 |

Step 3: Describe the vehicle - Must complete Line 1 even if no tax is due

| | | | | | |
|--|------------------|----------|--------|-------|------|
| 1 Purchase Price: | | 4 Year | 2008 | Make: | FORD |
| 2 Odometer reading: | | 5 Model: | ESCAPE | | |
| 3 Vehicle Identification number (VIN): | 1FMCU94138K68798 | | | | |

Step 4: Mark the ONE box that best describes your transaction if your motor vehicle qualifies as exempt from tax, an exception, or a motorcycle or ATV - If Step 4 does not apply, skip to Step 5.

1 Exemption - Write \$0 on Step 6, Lines 1, 2 and 3

| | | | |
|--|-----------|----|-------------------------------------|
| 1a Organization with tax-exempt status - Provide exemption number: | E99973391 | 1a | <input checked="" type="checkbox"/> |
| 1b Farm implement or ready-mix truck | | 1b | <input type="checkbox"/> |
| 1c Rolling stock - Provide certificate of authority number: | | 1c | <input type="checkbox"/> |
| 1d You were an out-of-state resident; item used outside IL at least 3 months. Purchase date: MM DD YYYY | | 1d | <input type="checkbox"/> |
| 1e Estate gift for surviving spouse | | 1e | <input type="checkbox"/> |
| 2a Exception - Write \$15 on Step 6, Line 1. See RUT-6, Form RUT-50 Reference Guide for Step 6, Lines 2 and 3. | | 2a | <input type="checkbox"/> |
| 2b Estate gift for beneficiary(not surviving spouse) | | 2b | <input type="checkbox"/> |
| 2c Business reorganization | | 2c | <input type="checkbox"/> |
| 2c Transferred or purchased from spouse, parent, brother, sister, or child. Circle one. | | | <input type="checkbox"/> |

3 Motorcycle or ATV - Write \$25 on Step 6, Line 1. See RUT-6, Form RUT-50 Reference Guide for Step 6, Lines 2 and 3.3

Step 5: Mark Table A or Table B for your Illinois Private Party Vehicle Use Tax - If you marked an item in

Step 4, skip to Step 6

Table A or B - See instructions to determine tax amount due and write it on Step 6, Line 1.

If Step 3, Line 1 is less than \$15,000 use Table A for your Illinois Tax due. See instructions.

If Step 3, Line 1 is \$15,000 or more use Table B for your Illinois Tax due. See instructions.

Step 6: Figure your tax

1 Illinois Private Party Vehicle Use Tax due.

2 Municipal private party vehicle use tax due. See RUT-6, Form RUT-50 Reference Guide.

3 County private party vehicle use tax due. See RUT-6, Form RUT-50 Reference Guide.

4 Add Lines 1, 2, and 3.

5 Credit for tax previously paid to the state of

6 Subtract Line 5 from Line 4. This is your total tax due.

Step 7: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete. I understand that the penalty for willfully filing a false return shall be a fine not to exceed \$1,000 or imprisonment in a penal institution, other than the penitentiary not to exceed one year, or both fine and imprisonment.

Your signature: [Signature] Date: 8-12-21

Co-owner's signature

Date

Remittance agent number (if applicable)

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Do not write below this line.

Date received by Illinois state government

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO. 1FMCU94138KB68798
YEAR 2008
MAKE FORD
MODEL ESCAPE
BODY STYLE UTILITY
TITLE NO. X8162057004
DATE ISSUED 06/10/08
ODOMETER 424
PURCHASED NEW
PURCHASE DATE 05/15/08

MOBILE HOME SQ. FT.

TYPE OF TITLE

ORIGINAL

MAILING ADDRESS

|||||
MARIAN E HEBENSTREIT
501 FOREST AVE APT 507
GLEN ELLYN IL 60137-4175
|||||

LEGEND(S)

OWNER(S) NAME AND ADDRESS
MARIAN E HEBENSTREIT
501 FOREST AVE APT 507
GLEN ELLYN IL 60137-4175
FIRST LENHOLDER NAME AND ADDRESS

ACTUAL MILEAGE

SECOND LENHOLDER NAME AND ADDRESS

RELEASE OF LIEN

The holder of Lien on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

Form Name _____

Signature of Authorized Agent _____

Date _____

Form Name _____

Signature of Authorized Agent _____

Date _____

NEW LIEN ASSIGNMENT: The information herein must be on an application for title and presented to the Secretary of State.

Address _____

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.

ASSIGNMENT OF TITLE

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

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:

- ☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is not the actual mileage.

WARNING-ODOMETER DISCREPANCY

ODOMETER READING NO TENTHS

Signature(s) of Seller(s) Marian HebenstreitPrinted Name(s) of Seller(s) Marian Hebenstreit

I am aware of the above odometer certification made by seller.

Signature(s) of Buyer(s) Jesse WhitePrinted Name Jesse WhiteDATE OF SALE 2/19/2021

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named herein is the owner of the vehicle described herein, which is subject to the above named liens and encumbrances, if any. IN WITNESS WHEREOF I HAVE AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.

G06209220

CONTROL NO.

Jesse White
JESSE WHITE, Secretary of State

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

PURCHASER AND SELLER ARE REQUIRED TO SIGN THIS STATEMENT 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:
ODOMETER READING ☐ NO TENTHS ☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.
Date of Sale _____ Dealer's Name _____
Agent's Signature _____ Printed Name (same as signature) _____
Signature of Buyer/Agent _____ Printed Name (same as signature) _____
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:

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:
ODOMETER READING ☐ NO TENTHS ☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.
Date of Sale _____ Dealer's Name _____
Agent's Signature _____ Printed Name (same as signature) _____
Signature of Buyer/Agent _____ Printed Name (same as signature) _____
I am aware of the above odometer certification made by seller/agent.

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:
ODOMETER READING ☐ NO TENTHS ☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.
Date of Sale _____ Dealer's Name _____
Agent's Signature _____ Printed Name (same as signature) _____
Signature of Buyer/Agent _____ Printed Name (same as signature) _____
I am aware of the above odometer certification made by seller/agent.

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:
ODOMETER READING ☐ NO TENTHS ☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.
Date of Sale _____ Dealer's Name _____
Agent's Signature _____ Printed Name (same as signature) _____
Signature of Buyer/Agent _____ Printed Name (same as signature) _____
I am aware of the above odometer certification made by seller/agent.

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:
ODOMETER READING ☐ NO TENTHS ☐ 1. The mileage stated is in excess of its mechanical limits.
☐ 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.
Date of Sale _____ Dealer's Name _____
Agent's Signature _____ Printed Name (same as signature) _____
Signature of Buyer/Agent _____ Printed Name (same as signature) _____
I am aware of the above odometer certification made by seller/agent.

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------|--|-------------------------|--|---------|--|-------|--|------|--|-------------------------------|--|--|--|--|--|--|--|--|--|
| 1. Type of Transaction(s): | | 2. Current Plate Number | | 3. Plate Type Requested | | 4. Exp. | | Month | | Year | | | | | | | | | | | |
| Do not write in Validation Area. | | "M" MUNICIPAL | | | | | | | | | | | | | | | | | | | |
| <div><div><input type="checkbox"/> Title and Plates</div><div><input type="checkbox"/> Title and Transfer</div><div><input type="checkbox"/> Title Only</div><div><input type="checkbox"/> Duplicate Title</div><div><input type="checkbox"/> Corrected Title</div><div><input type="checkbox"/> Salvage Certificate</div><div><input type="checkbox"/> Junking Certificate</div><div><input checked="" type="checkbox"/> Plates Only</div><div><input type="checkbox"/> Sticker Only</div><div><input type="checkbox"/> Transfer Only</div><div><input type="checkbox"/> Corrected ID Card</div><div><input type="checkbox"/> Duplicate ID Card</div><div><input type="checkbox"/> Single Plate Replacement</div><div><input type="checkbox"/> Set of Plates Replacement</div><div><input type="checkbox"/> Sticker Replacement</div><div><input type="checkbox"/> Reclass of License Plates</div><div><input type="checkbox"/> Resale of License Plates</div><div><input type="checkbox"/> Other:</div></div> | | | | | | | | | | | | OWNER / PURCHASER INFORMATION | | | | | | | | | |
| 5. First Last Middle | | | | | | | | | | | | | | | | | | | | | |
| First Last Middle | | | | | | | | | | | | | | | | | | | | | |
| Residence/Business Street Address | | | | | | | | | | | | | | | | | | | | | |
| City State ZIP | | | | | | | | | | | | | | | | | | | | | |
| 6. Owner 1 DL/FEIN # | | | | | | | | | | | | | | | | | | | | | |
| Owner 2 DL/FEIN # | | | | | | | | | | | | | | | | | | | | | |
| 7. VEHICLE INFORMATION | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Identification Number (VIN) | | | | | | | | | | | | | | | | | | | | | |
| 3FA6POH72DR31934 | | | | | | | | | | | | | | | | | | | | | |
| 8. Purchase Date | | | | | | | | | | | | | | | | | | | | | |
| Month Day Year | | | | | | | | | | | | | | | | | | | | | |
| 9. Current Odometer Reading | | | | | | | | | | | | | | | | | | | | | |
| (No tenths) | | | | | | | | | | | | | | | | | | | | | |
| 10. Surrender Title Number and State | | | | | | | | | | | | | | | | | | | | | |
| # State: | | | | | | | | | | | | | | | | | | | | | |
| 11. File Number | | | | | | | | | | | | | | | | | | | | | |
| 12. Unit Number | | | | | | | | | | | | | | | | | | | | | |
| 13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) | | | | | | | | | | | | | | | | | | | | | |
| 14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) | | | | | | | | | | | | | | | | | | | | | |
| Insurance Company Name | | | | | | | | | | | | | | | | | | | | | |
| (Do not list agent) | | | | | | | | | | | | | | | | | | | | | |
| Policy Number | | | | | | | | | | | | | | | | | | | | | |
| Expiration Date | | | | | | | | | | | | | | | | | | | | | |
| 15. FIRST LIENHOLDER | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | |
| City State ZIP | | | | | | | | | | | | | | | | | | | | | |
| 16. SECOND LIENHOLDER | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | |
| City State ZIP | | | | | | | | | | | | | | | | | | | | | |
| 17. TRANSFER INFORMATION | | | | | | | | | | | | | | | | | | | | | |
| Year Make/Model | | | | | | | | | | | | | | | | | | | | | |
| VIN | | | | | | | | | | | | | | | | | | | | | |
| 18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) | | | | | | | | | | | | | | | | | | | | | |
| Name Dealer # | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | |
| 20. REASON FOR REPLACEMENT PLATES/STICKER | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing | | | | | | | | | | | | | | | | | | | | | |
| 21. WHEN REPLACING PLATES, YOU MUST CHECK ONE: | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> I wish to be issued a random-number plate. | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> I wish to retain my current plate number. | | | | | | | | | | | | | | | | | | | | | |
| 22. BENEFICIARY INFORMATION | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | |
| ZIP Country | | | | | | | | | | | | | | | | | | | | | |
| 23. Daytime Phone Number (optional) | | | | | | | | | | | | | | | | | | | | | |
| 630-942-3487 | | | | | | | | | | | | | | | | | | | | | |
| 24. Signature | | | | | | | | | | | | | | | | | | | | | |
| 1. S. D. H. H. H. | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | |
| Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. | | | | | | | | | | | | | | | | | | | | | |
| I/We hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/We also acknowledge awareness of the odometer certification made by the seller. | | | | | | | | | | | | | | | | | | | | | |
| 25. AUDITOR'S USE ONLY | | | | | | | | | | | | | | | | | | | | | |
| TRP NUMBER Tax Form Number | | | | | | | | | | | | | | | | | | | | | |
| Circle All Attachments: | | | | | | | | | | | | | | | | | | | | | |
| POA, Small Estate, Affidavit, Affirmation, Loan/Lease Agreement, Lien Release, Release of Interest, Death, Note Other(s): | | | | | | | | | | | | | | | | | | | | | |
| OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | |
| Verified by CRT I.D. REMITTER/DRIVER SERVICES FACILITY STAMP: | | | | | | | | | | | | | | | | | | | | | |
| CUSTOMER RECEIPT | | | | | | | | | | | | | | | | | | | | | |
| TRP #: | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | | | | | | | |
| Control #: 0875641336 | | | | | | | | | | | | | | | | | | | | | |

