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Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/31/2008 09:22 AM Pg: 1 of 9

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Volodymyr: Dziuma
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Volodymyr: Dziuma (without prejudice) 5925 Meadow Drive (non-domestic) Lisle [60532] Illinois

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME UNITED NATIONS, UNITED STATES, STATE OF ILLINOIS, COUNTY OF COOK				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 207 STATE HOUSE		CITY SPRINGFIELD	STATE IL	POSTAL CODE 62706
1d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION FEDERAL
				1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME BMW FINANCIAL SERVICES/FINANCIAL SERVICES REMARKETING, INC				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS P.O. BOX 713224		CITY COLUMBUS	STATE OH	POSTAL CODE 43271
2d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION CORPORATION	2f. JURISDICTION OF ORGANIZATION FEDERAL
				2g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE or ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR				
3b. INDIVIDUAL'S LAST NAME Dziuma		FIRST NAME Volodymyr	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 5925 Meadow Drive		CITY Lisle	STATE IL	POSTAL CODE 60532
				COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

NOTICE: In accordance with U.S.C. 47 - Property - This is the entry of the Debtor in the Commercial Registry as a transmitting utility and the following property is hereby registered in the same as public notice of a commercial transaction: RETAIL INSTALLMENT CONTRACT/ACCOUNT No: 1000678775/2008 BMW 328xi/WBAVC93598K043354 ; U.C.C. Contract Trust Account # (RB453653708US): All property is accepted for value and is exempt from Levy. Adjustment of the filing is from Public Policy HJR-192, Public Law 73-10 and U.C.C. 10-104. All proceeds, products, accounts, fixtures and the orders therefrom are released to the the Secured Party (Volodymyr: Dziuma).

This is actual Constructive Notice that all of Debtor's interest now owned or hereafter acquired is hereby accepted as collateral for securing contractual obligation in favor of the Secured Party as detailed in a true, complete, authorized Security Agreement in the possession of the Secured Party.

SERVICES, BMW FINANCIAL/FINANCIAL SERVICES REMARKETING, INC, ORGANIZATION/TRADE NAME/TRADEMARK - DEBTOR

5. ALTERNATIVE DESIGNATION (if applicable)	<input checked="" type="checkbox"/> LESSEE/LESSOR	<input checked="" type="checkbox"/> CONSIGNEE/CONSIGNOR	<input checked="" type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA Secured Party: Volodymyr: Dziuma						

Handwritten initials and number 13

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a.	ORGANIZATION'S NAME		
	UNITED NATIONS, UNITED STATES, STATE OF ILLINOIS, COUNTY		
OR	9b.	INDIVIDUAL'S LAST NAME	FIRST NAME
			MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a.	ORGANIZATION'S NAME			
OR	11b.	INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
				SUFFIX
11c.		MAILING ADDRESS		CITY
			STATE	POSTAL CODE
			COUNTRY	
11d.	TAX ID #	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e.
				TYPE OF ORGANIZATION
				11f.
				JURISDICTION OF ORGANIZATION
				11g.
				ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a.	ORGANIZATION'S NAME			
OR	12b.	INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
				SUFFIX
12c.		MAILING ADDRESS		CITY
			STATE	POSTAL CODE
			COUNTRY	

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction --- effective 30 years

Filed in connection with a Public-Finance Transaction --- effective 30 years

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LOT 24 IN BLOCK 1 IN WATRISS SUBDIVISION OF THE SOUTH ½ OF THE
NORTH WEST ¼ OF THE SOUTH EAST ¼ OF SECTION 1, TOWNSHIP 39
NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE
EAST 115 FEET THEREOF) IN COOK COUNTY, ILLINOIS PIN 16-01-408-006-0000

C/K/A 1045 North California Chicago, Illinois 60622

Property of Cook County Clerk's Office

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BMW Financial Services

December 29, 2008

Volodymyr Dziuma
5925 Meadow Dr
Lisle, IL 60532-2907

Reference 1000678775/2008 BMW 328xi/WBAVC93598K043354

Subject **Payoff information for your referenced account**

Dear Mr. Dziuma:

Thank you for your recent correspondence regarding the payoff of your referenced account. We are delighted to provide you with your payoff information.

All of the information you need to pay off your account can be found in the following two pages. Please remember to send certified funds made out to Financial Services Remarketing Inc to one of the designated payoff address found on page 3.

We are committed to providing you with the highest level of service. If you have any questions, please contact us at (800) 578-5000, Monday through Friday, 9:00 a.m. to 9:00 p.m. ET, or by mail at either address listed on this letter.

Yours sincerely,
BMW Financial Services NA, LLC

Kelly Gordon
Customer Service Specialist

Company
BMW Financial
Services NA, LLC

BMW Group Company

Mailing Address
PO Box 3608
Dublin OH 43016-0306

Office Address
5550 Britton Parkway
Hilliard OH 43026-7456

Telephone
(800) 578-5000

Fax
(800) 820-4269

Internet
bmwusa.com

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Name Mr Volodymyr Dziurma
 Reference 1000678775/2008 BMW 328xi/WBAVC93598K043354

What is the payoff amount?

This payoff is good through January 8, 2009

Principal Balance	\$46,748.63
+ Interest	\$683.18
+ Outstanding Late Charges	\$174.04
+ <u>Outstanding Other Charges</u>	<u>\$50.00</u>
= Total Payoff Amount	\$47,710.85

The payoff quote may include items such as personal checks that have not yet cleared the payor's bank. This quote is subject to increase based on the return of any such items.

The Per Diem interest amount is \$5.06. In order to extend the good through date past January 8, 2009, please add \$5.06 to the payoff amount for each day beginning January 9, 2009 until the payoff arrives at our payment processing center.

What are the payoff options?

Please send the payoff using certified funds. Failure to provide certified funds will cause an extended delay of up to 15 business days in releasing the title.

Certified funds can be obtained from a bank. Common types of certified funds include cashier's checks and money orders.

BMW Financial Services does not accept wire transfers or electronic transfers for payoffs.

How should I write the check?

Make the certified check payable to Financial Services Remarketing, Inc (FSRI). BMW Financial Services has assigned the right to sell this vehicle for which a payoff quote has been requested to FSRI.

Please write the account number on the face of the check. Please avoid placing restrictive endorsements or language such as "paid in full" on the payoff check as this may result in funds being returned undeposited. Funds sent to FSRI will post to the BMW Financial Services account 1 - 2 business days after they are received.

Your certified check should look like the example below:

Account Number: 1000678775	Month Day, 2007
Pay to the Order of: Financial Services Remarketing Inc.	\$47,710.85
	and XX/100 Dollars
Re: Payoff	

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Name Mr Volodymyr Dziurma
Reference 1000678775/2008 BMW 328xi/WBAVC93598K043354

Where should I send the payoff?

Please send the payoff to FSRI using either of the following addresses:

Regular Mail

Financial Services Remarketing, Inc.
PO Box 713224
Columbus OH 43271 - 3224

Overnight Courier

Financial Services Remarketing, Inc.
c/o Chase
370 S Cleveland Ave Dept 0471
Westerville OH 43081

If the overnight carrier requests a telephone number for the addressee, please provide them the phone number for BMW Financial Services Customer Service, (800) 578-5000.

How and when will I receive the title?

The payoff will post to the BMW Financial Services account 1-2 business days after it is received by Financial Services Remarketing Inc.. Title processing begins after the payoff posts to the account. You can expect to receive the Certificate of Title or Lien Release within 15 business days of mailing the Certified Check.

If you would like to expedite delivery of the title, please include a prepaid overnight express envelope.

Titling Instructions

To ensure that the title is sent to the proper address, include the following information with the payoff:

Account: 1000678775
Year, make and model: 2008 BMW 328xi
VIN: WBAVC93598K043354

Title will be sent to the billing address on file unless a different address is provided below:

The legal registered owner(s) will be:

Name(s): _____

Address: _____

City _____ County _____

State _____ Zip _____

Send to:

Name(s): _____

Address: _____

City _____ County _____

State _____ Zip _____

Motor Vehicle Retail Installment Contract - Illinois

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1. PARTIES

BUYER(S) <u>VOLODYMYR DZIUKA</u> Name Address (include County and Zip Code) <u>5925 MEADOW DR</u> <u>LISLE, DUPAGE, IL 60532</u> Billing Address (if different)	SELLER Name Address <u>LAUREL BHM</u> <u>430 EAST OGDEN AVENUE</u> <u>WESTMONT, IL 60559</u>
DATE OF CONTRACT <u>06/21/2008</u>	

This Motor Vehicle Retail Installment Contract ("Contract") is entered into between the buyer(s) ("Buyer") and the seller ("Seller") named above. Unless otherwise specified, "I", "me" and "my" refer to the Buyer and "you" and "your" refer to the Seller or Seller's assignee. "Vehicle" refers to the vehicle described below. I promise to pay Seller the Total of Payments in accordance with the Payment Schedule shown below. I acknowledge that I am purchasing the Vehicle from Seller on an installment basis and accept the Vehicle in its present condition, including all its equipment, parts and accessories.

2. VEHICLE

<input checked="" type="checkbox"/> New	Year <u>2008</u>	Make <u>BMW</u>	Model <u>328XI</u>	Vehicle Identification Number <u>WBAVC9359BK043354</u>	Odometer Reading <u>17</u>	<input checked="" type="checkbox"/> Personal Use
<input type="checkbox"/> Used						<input type="checkbox"/> Business Use
<input type="checkbox"/> Telephone		<input type="checkbox"/> CD Player		<input type="checkbox"/> _____ (specify)	<input type="checkbox"/> _____ (specify)	<input type="checkbox"/> _____ (specify)

3. CREDIT DISCLOSURES

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
The cost of my credit as a yearly rate.	The dollar amount the credit will cost me.	The amount of credit provided to me or on my behalf.	The amount I will have paid after I have made all payments as scheduled.	The total cost of my purchase on credit, including my down payment of
<u>3.90</u> %	\$ <u>4920.45</u> e	<u>47289.75</u>	\$ <u>52210.20</u> e	\$ <u>52210.20</u> e

4. PAYMENT SCHEDULE

Number of Payments	Amount of Payments	When Payments Are Due
<u>60</u>	<u>870.17</u>	Monthly, beginning <u>08/05/2008</u>
1 Balloon Payment (if applicable)	<u>N/A</u>	

SECURITY. I am giving a security interest in the Vehicle.
LATE CHARGE. If all or any portion of a payment is more than 10 days late, I will be charged (a) \$10 on any scheduled payment of \$200 or less or (b) 5% of any scheduled payment of more than \$200.
PREPAYMENT. If I pay off this Contract early, I will not have to pay a penalty.

Please read this Contract, including the reverse side, for additional information on security interests, nonpayment, default, and the right to require repayment in full before the scheduled maturity date.

BALLOON PAYMENT. If a balloon payment is noted above in Section 4, I understand that the last scheduled payment is substantially larger than each of the other scheduled payments. The due date and amount of the balloon payment are shown in the Payment Schedule in Section 4 above. If I choose the Sale Option, explained in Section 12 on the reverse side of this Contract, I agree that I may incur the following fees: (A) a Disposition Fee of \$ N/A; and (B) Excess Mileage Fees of N/A for each mile driven in excess of N/A miles per year.

5. ITEMIZATION OF AMOUNT FINANCED

A. CASH PRICE

(1) Cash Price of Vehicle and Accessories	\$ <u>43318.75</u>
(2) Sales Tax	+ <u>3153.00</u>
(3) Other (Describe) <u>N/A</u>	+ <u>N/A</u>
(4) Other (Describe) <u>DOC FEE PORTOLIA</u>	+ <u>150.00</u>
(5) Other (Describe) <u>N/A</u>	+ <u>N/A</u>
(6) Total Cash Price	= <u>46621.75</u>

D. AMOUNTS PAID TO OTHERS ON MY BEHALF

(1) To Public Officials:	
(a) License, Title, and Registration Fees	\$ <u>143.00</u>
(b) Other Official Fees (Describe) <u>N/A</u>	+ <u>N/A</u>
(2) To Insurance Companies For:	
(a) Credit Life/Disability Insurance	+ <u>N/A</u>
(b) Other Insurance (Describe) <u>N/A</u>	+ <u>N/A</u>
(3) Other Charges:	
(a) To <u>N/A</u> For Service Contract	+ <u>N/A</u>
(b) To <u>SAFEGUARD</u> For <u>GAP PROT.</u>	+ <u>500.00</u>
(c) To <u>N/A</u> For <u>N/A</u>	+ <u>N/A</u>
(d) To <u>CVR/DLR</u> For <u>OPT. ERT FEE</u>	+ <u>25.00</u>
(e) To <u>N/A</u> For <u>N/A</u>	+ <u>N/A</u>
(f) To <u>N/A</u> For <u>N/A</u>	+ <u>N/A</u>
(g) To <u>N/A</u> For <u>N/A</u>	+ <u>N/A</u>

B. DOWN PAYMENT

(1) Net Value of Trade-In	
(Gross Allowance \$ <u>N/A</u> Payoff \$ <u>N/A</u>)	\$ <u>0.00</u>
(Year <u>N/A</u> Make <u>N/A</u> Model <u>N/A</u>)	
(2) Cash Down Payment	+ <u>N/A</u>
(3) Manufacturer's Rebate Assigned to Seller	+ <u>N/A</u>
(4) Other (Describe)	+ <u>N/A</u>
(5) Total Down Payment	= <u>0.00</u>

C. UNPAID BALANCE OF CASH PRICE

(1) Cash Price of Vehicle and Accessories \$ 46621.75
 (2) Sales Tax + 110.00
 (3) Other (Describe) N/A + N/A
 (4) Other (Describe) DOC FEE POTDILR + 150.00
 (5) Other (Describe) N/A + N/A
 (6) Total Cash Price = 46621.75

(1) To Public Officials:
 (a) License, Title, and Registration Fees \$ 143.00
 (b) Other Official Fees (Describe) N/A + N/A

(2) To Insurance Companies For:
 (a) Credit Life/Disability Insurance + N/A
 (b) Other Insurance (Describe) N/A + N/A

B. DOWN PAYMENT

(1) Net Value of Trade-In
 (Gross Allowance \$ N/A Payoff \$ N/A)
 (Year N/A Make N/A Model N/A) \$ 0.00
 (2) Cash Down Payment + N/A
 (3) Manufacturer's Rebate Assigned to Seller + N/A
 (4) Other (Describe) + N/A
 (5) Total Down Payment = 0.00

(3) Other Charges:
 (a) To N/A For Service Contract + N/A
 (b) To SAFEGUARD For GAP PROT. + 500.00*
 (c) To N/A For N/A + N/A
 (d) To CVR/DLR For OPT. ERT FEE + 25.00*
 (e) To N/A For N/A + N/A
 (f) To N/A For N/A + N/A
 (g) To N/A For N/A + N/A
 (h) To N/A For N/A + N/A
 (4) Total Amounts Paid to Others on My Behalf = 668.00

C. UNPAID BALANCE OF CASH PRICE
(A(6) minus B(5))

\$ 46621.75

E. AMOUNT FINANCED (C plus D(4))

\$ 47289.75

*Seller and/or Seller's affiliates may retain or receive a portion of these amounts.

THE SELLER MAY ASSIGN THIS CONTRACT AND RECEIVE A FEE OR OTHER CONSIDERATION FOR FACILITATING YOUR FINANCING.

6. SERVICE CONTRACT

A service contract is not required to obtain credit and will not be provided unless I sign and agree to pay the cost. The service contract issued by the Provider will describe the terms and conditions in further detail. By signing below, I agree to purchase the service contract for the term and cost indicated.

Provider: N/A Cost: \$ N/A Term: N/A months or N/A miles, whichever occurs first.

X N/A Buyer's Signature X N/A Buyer's Signature

7. CREDIT INSURANCE

Credit life or credit disability insurance is not required to obtain credit and will not be provided unless I sign and agree to pay the premium. The policies or certificates issued by the insurer will describe the terms and conditions in further detail. By signing below, I agree to pay for the following insurance for the terms and premiums indicated.

I want Credit Life Insurance (One Buyer only) Term N/A mos. Premium \$ N/A Insured Name: N/A
 I want Joint Credit Life Insurance Term N/A mos. Premium \$ N/A Insured Name: N/A
 I want Credit Disability Insurance (One Buyer only) Term N/A mos. Premium \$ N/A Insured Name: N/A

Name of Insurer(s): N/A

X N/A Buyer's Signature Date X N/A Buyer's Signature Date

8. OPTIONAL GAP CONTRACT ("GAP")

GAP is not required to obtain credit and I may purchase it from anyone I want who is reasonably acceptable to the Seller. I may purchase GAP under this contract by signing below and agreeing to pay the purchase price, shown in Section 5.D above. See my GAP contract for details on the protection it provides.

Term 60 mos. Name of GAP Contract SAFEGUARD GAP

X Buyer's Signature X Buyer's Signature

9. INSURANCE VERIFICATION

I agree to maintain the insurance coverage described in Section 14. I affirm that such insurance is in force on the date of this Contract. I authorize Seller and its assignees to speak to my insurance agent or company, and any future insurance agents or companies, about my coverage for the Vehicle.

SAFECO INSURANCE insurance Company Policy No. 74109114 Coverage Verified (Center Employee's Initials) DUBOSATTE, RENATA
UKRAINIAN INSURANCE AGENCY 2911 N CHICAGO AVE. CHICAGO IL 60642 Agent Name Address Phone No.

All matters regarding insurance should be sent to: BMW FS Insurance Center, P.O. Box 650755, Hunt Valley, MD 21065-0755 ; Fax 888-725-8456

10. BUYER NOTICES AND SIGNATURES

CREDIT INSURANCE

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credit life or credit disability insurance is not required to obtain credit and will not be provided unless I sign and agree to pay the premium. The policies or certificates issued by the insurer will describe the terms and conditions in further detail. By signing below, I agree to pay for the following insurance for the terms and premiums indicated.

I want Credit Life Insurance (One Buyer only) Term N/A mos. Premium \$ N/A Insured Name: N/A

I want Joint Credit Life Insurance Term N/A mos. Premium \$ N/A Insured Name: N/A

I want Credit Disability Insurance (One Buyer only) Term N/A mos. Premium \$ N/A Insured Name: N/A

Name of Insurer(s): N/A

Buyer's Signature _____ Date N/A X Buyer's Signature _____ Date N/A

OPTIONAL GAP CONTRACT ("GAP")

AP is not required to obtain credit and I may purchase it from anyone I want who is reasonably acceptable to the Seller. I may purchase GAP under this contract by signing below and agreeing to pay the purchase price, shown in Section 5.D above. See my GAP contract for details on the protection it provides.

Term 60 mos. Name of GAP Contract SAFEGUARD GAP

Buyer's Signature _____ X Buyer's Signature _____

INSURANCE VERIFICATION

I agree to maintain the insurance coverage described in Section 14. I affirm that such insurance is in force on the date of this Contract. I authorize Seller and its assignees to speak to my insurance agent or company, and any future insurance agents or companies, about my coverage for the Vehicle.

SAFECO INSURANCE Insurance Company Policy No. 24100114 Coverage Verified (Center Employee's Initials) DUBOSAITT, RENATA

UKRAINIAN INSURANCE AGENCY 2915 N CHICAGO AVE. CHICAGO IL 60642 Agent Name Address Phone No.

If matters regarding insurance should be sent to: BMW FS Insurance Center, P.O. Box 650755, Hunt Valley, MD 21065-0755 ; Fax 888-725-8456

D. BUYER NOTICES AND SIGNATURES

IMPORTANT: READ THE ADDITIONAL TERMS ON REVERSE SIDE BEFORE SIGNING BELOW.

Notice to the Buyer: 1. Do not sign this agreement before you read it or if it contains any blank spaces. 2. You are entitled to an exact copy of the agreement you sign. 3. Under the law you have the right, among others, to pay in advance the full amount due and to obtain under certain conditions a partial refund of the finance charge.

ACKNOWLEDGE RECEIPT OF A COMPLETELY FILLED-IN COPY OF THIS CONTRACT AT THE TIME OF SIGNING.

RETAIL INSTALLMENT CONTRACT

Buyer's Signature: X VOLODYMYR DZIUNA Co-Buyer's Signature: X
Instruction: If you are the Buyer's parent, Buyer's spouse, a person listed on the certificate of title as an owner of the Vehicle, or otherwise will actually receive the Vehicle, sign above. Other co-signers sign on the Guarantor's Signature line.

Guarantor's Signature: X _____
I hereby guarantee the collection of the above described amount upon failure of the Seller named herein to collect said amount from the Buyer named herein.

SELLER SIGNATURE

The authorized signature of the Seller has the effect of: (1) acknowledging that no representations or warranties beyond those presented in this Contract have been made; (2) confirming that no written or oral representations have been made by the Buyer that can be used as a defense to this Contract; (3) accepting the terms and conditions of this Contract; (4) acknowledging verification of the existence of the insurance coverage required by this Contract with the Buyer's insurance agent; (5) assigning this Contract to BMW Bank of North America, a wholly owned subsidiary of BMW Financial Services NA, LLC (collectively, "Assignee"), 5550 Britton Parkway, Hilliard, Ohio 43026; and (6) acknowledging that the Center Agreement in place with Assignee governs this transaction. Seller shall not be an agent of Assignee for any purpose.

Authorized Signature: X LAUREL GIBB Title: _____