(A-8)

APP # _____
SF # _____
Date _____
DWSMA _____
For office use only

CITY OF PEQUOT LAKES
LAND USE PERMIT APPLICATION

Name of Applicant Real Property Management Deluxe Phone 218-454-7368

Mailing Address 7153 Forthun Rd Ste 140 Email office@rpmdeluxe.com

City, State, Zip Baxter, MN 56425

Applicant is:

Legal Owner ()
Contract Buyer ()
Option Holder ()
Agent ()
Other Property Management Company

Title Holder of Property:
(if not applicant)
Platinum Investors of Minnesota LLC
(Name)
7153 Forthun Rd Ste 120
(Address)
Baxter, MN 56425
(City, State, Zip)

Signature of Owner, authorizing application (required): _____
(By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

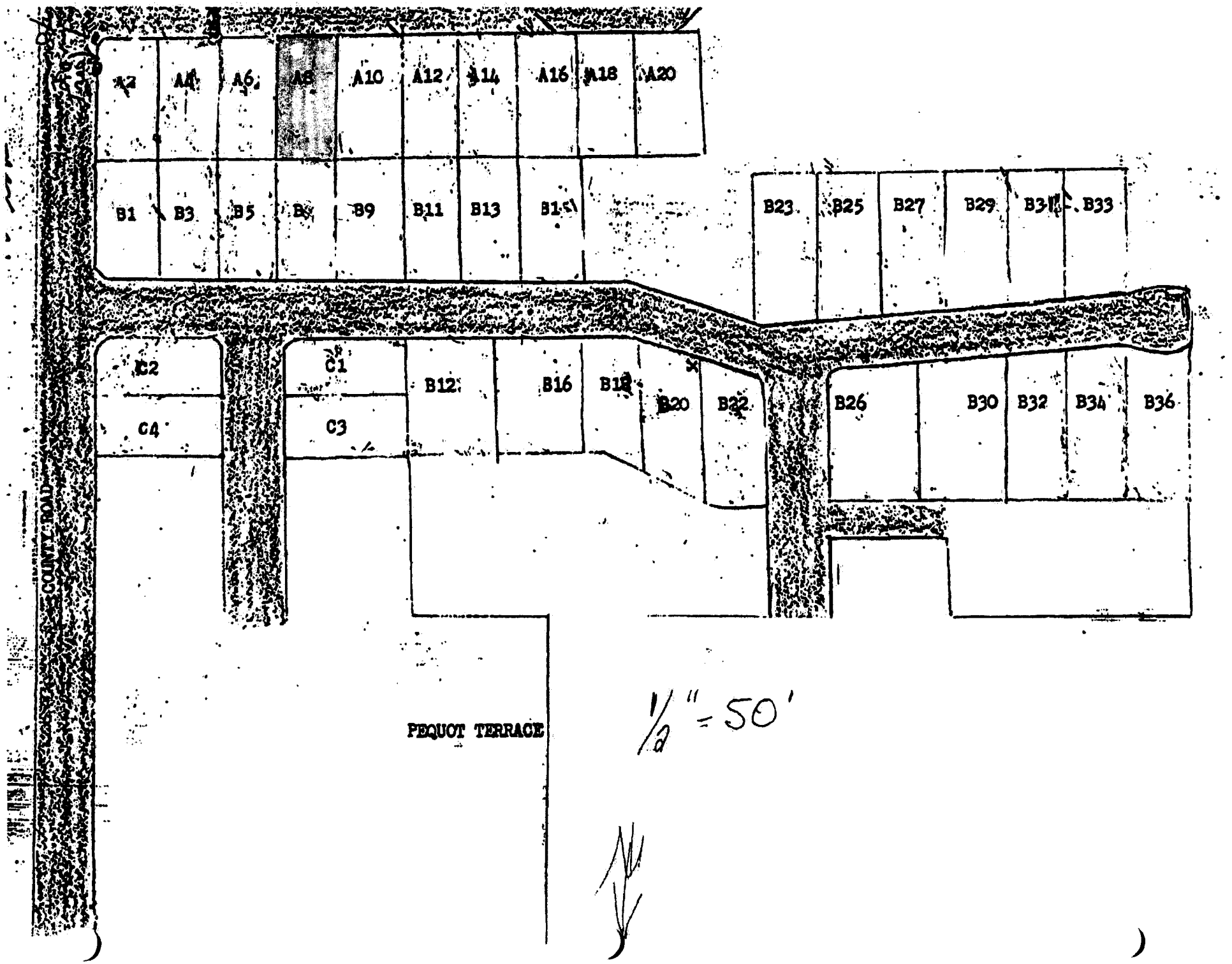
Signature of Applicant (if different than owner): _____
(By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Location of property involved in this request:
3860 Agate Lane (Lot A8) - Pequot Terrace Trailer Park -

Property Parcel ID (# on Tax Statement) 29101087 (29010410 0BB0009)
Zoning District _____, Lake Name _____

State nature of request in detail: (What are you proposing for the property? If a new dwelling, indicate number of stories and foundation type.)
moving a newer home into the lot for rental - owned by the Property Owner Platinum Investors of Minnesota

Approved by the Zoning Department: _____ Date: _____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B32
B34
B36
COUNTY ROAD
PEQUOT TERRACE
1/2" = 50'

LEGAL DOCUMENT -- KEEP IN A SAFE PLACE

CERTIFICATE OF TITLE FOR A VEHICLE

NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
SFN 2875 (Rev. 01-11)

MOTOR VEHICLE DIVISION
ND DEPT. OF TRANSPORTATION
608 E. BOULEVARD AVENUE
BISMARCK, ND 58505-0780
PHONE (701) 328-2725

VIN	YEAR MODEL	YEAR REGISTERED	MAKE	BODY STYLE	MODEL
M0387581	2013		MANSIO		8880

OWNER(S) NAME
HANCOCK CONCRETE PRODUCTS LLC*,

TITLE NUMBER	VEHICLE TYPE	SHIPPING WEIGHT	DATE ISSUED
6872981	TRAILER	0	07-11-2013

MAIL TO 312
HANCOCK CONCRETE PRODUCTS LLC*
17 Atlantic Ave
Hancock MN 56244-9715

ODOMETER STATUS
EXEMPT

PART 1. ASSIGNMENT AND WARRANTY OF TITLE (DELIVER TITLE TO BUYER WITHIN 15 DAYS FROM DATE OF SALE)

Applicant's Legal Name (first, middle, last) or Firm Name (Lessor, Trust):	☐ DL ☐ CID ☐ CORPID ☐ FEIN (Check One)			Telephone Number
Mailing Address	City	State	Zip	County
Co-Applicant's Legal Name (first, middle, last) or Firm Name (Lessor, Trust):	☐ DL ☐ CID ☐ CORPID ☐ FEIN (Check One)			Telephone Number
Mailing Address	City	State	Zip	County
Check one: ☐ Or ☐ And ☐ And/Joint Tenants with Right of Survivorship		Date of Sale		Selling Price

Odometer: Complete if vehicle is less than ten (10) years old.
I certify the odometer reading _____ is the actual vehicle mileage unless one of the following statements is checked.
☐ Mileage stated is in excess of its mechanical limits. ☐ Odometer reading is not the actual mileage (warning* odometer discrepancy).

Signature of Seller/Transferor Benson Goins	Date (Mo , Day, Year)	Signature of Buyer/Transferee X	Date (Mo., Day, Year)
Signature of Seller/Transferor	Date (Mo., Day, Year)	Signature of Buyer/Transferee X	Date (Mo , Day, Year)
Hand-Printed Name(s) of Seller(s)/Transferor(s) Benson Goins	Daytime Telephone Number	Hand-Printed Name(s) of Buyer(s)/Transferee(s)	

LEGAL TITLE OWNER (LIENHOLDER)

Any lien recorded in the office of the Department of Transportation is shown below The lienholder named is and shall remain legal owner of the vehicle until the encumbrance is released or satisfied.

I certify that the applicant has complied with the requirements of Title 39 of the North Dakota Century Code relative to the issuance of a certificate of title for a vehicle.

Linda M Butts
Deputy Director for Driver and Vehicle Services

LIEN RELEASE

ALL INTERESTS IN THE VEHICLE DESCRIBED ABOVE ARE RELEASED.

Lienholder Name

Signature of Agent X | Date

THE DEPARTMENT OF TRANSPORTATION IS NOT RESPONSIBLE FOR FALSE OR FRAUDULENT STATEMENTS MADE IN THE ASSIGNMENT OF THE CERTIFICATE OF TITLE.

M703341

ALTERATIONS OR MUTILATIONS VOID THIS TITLE

PART 2. FIRST DEALER ASSIGNMENT AND WARRANTY OF TITLE (DELIVER TITLE TO BUYER WITHIN 15 DAYS FROM DATE OF SALE)

Applicant's Legal Name (first, middle, last) or Firm Name (Lessor, Trust):		☐ DL ☐ CID ☐ CORPID ☐ FEIN (Check One)		Telephone Number
Mailing Address	City	State	Zip	County
Co-Applicant's Legal Name (first, middle, last) or Firm Name (Lessor, Trust):		☐ DL ☐ CID ☐ CORPID ☐ FEIN (Check One)		Telephone Number
Mailing Address	City	State	Zip	County
Check one: ☐ Or ☐ And ☐ And/Joint Tenants with Right of Survivorship		Date of Sale		Selling Price

Odometer: Complete if vehicle is less than ten (10) years old.
I certify the odometer reading _____ is the actual vehicle mileage unless one of the following statements is checked.
☐ Mileage stated is in excess of its mechanical limits. ☐ Odometer reading is not the actual mileage (warning* odometer discrepancy).

Name of Dealer X	Dealer License Number	Signature of Buyer/Transferee X	Date (Mo., Day, Year)
Signature of Authorized Agent X	Date (Mo., Day, Year)	Signature of Buyer/Transferee X	Date (Mo., Day, Year)
Hand-Printed Name of Authorized Agent	Daytime Telephone Number	Hand-Printed Name(s) of Buyer(s)/Transferee(s)	

PART 2A. SECOND DEALER ASSIGNMENT AND WARRANTY OF TITLE (DELIVER TITLE TO BUYER WITHIN 15 DAYS FROM DATE OF SALE)

Applicant's Legal Name (first, middle, last) or Firm Name (Lessor, Trust):		☐ DL ☐ CID ☐ CORPID ☐ FEIN (Check One)		Telephone Number
Mailing Address	City	State	Zip	County
Co-Applicant's Legal Name (first, middle, last) or Firm Name (Lessor, Trust):		☐ DL ☐ CID ☐ CORPID ☐ FEIN (Check One)		Telephone Number
Mailing Address	City	State	Zip	County
Check one: ☐ Or ☐ And ☐ And/Joint Tenants with Right of Survivorship		Date of Sale		Selling Price

Odometer: Complete if vehicle is less than ten (10) years old.
I certify the odometer reading _____ is the actual vehicle mileage unless one of the following statements is checked.
☐ Mileage stated is in excess of its mechanical limits. ☐ Odometer reading is not the actual mileage (warning* odometer discrepancy).

Name of Dealer X	Dealer License Number	Signature of Buyer/Transferee X	Date (Mo., Day, Year)
Signature of Authorized Agent X	Date (Mo., Day, Year)	Signature of Buyer/Transferee X	Date (Mo., Day, Year)
Hand-Printed Name of Authorized Agent	Daytime Telephone Number	Hand-Printed Name(s) of Buyer(s)/Transferee(s)	

PART 3. BUYER(S) / TRANSFEREE(S) CERTIFICATION AND APPLICATION (PRESENT TO DEPARTMENT OF TRANSPORTATION WITHIN 30 DAYS)

MOTOR VEHICLE EXCISE TAX EXEMPTIONS (Enter exemption number, if applicable) ☐

(1) Gift from wife, husband, parent, child, brother, or sister (Circle One)
(2) Joint tenancy with right of survivorship and now vehicle is being put in one name only
(3) Inheritance
(4) Change of name by marriage, adoption, or court order (Circle One)
(5) Vehicle acquired through a lease purchase agreement (Circle One)
A. If tax was paid on the total lease consideration, tax is due on the lease buyout amount.
B. If tax was paid on the full purchase and you have been in possession of the vehicle over one year, no tax is due
C. If tax was paid on the full purchase price and you have been in possession of the vehicle for less than one year, tax is due on the lease buyout amount.
(7) Lien change - RECORD ODOMETER READING _____
(8) Interstate carriers - Account Number _____
(11) Dealer resale - USED vehicle
(13) Tribal (SFN 18085 required)
(14) Disabled American Veteran or Former Prisoner of War - Letter of Eligibility from VA
(15) Nonprofit senior citizens' or mobility impaired persons' corporation owned buses
(16) Mobility impaired persons purchasing specially equipped vehicles
(18) Newly formed partnership or corporation (Circle One) Date formed _____
(19) Dissolved partnership or corporation (Circle One) Date dissolved _____
(20) Parochial or private non-profit school buses
(22) Transfer into family trust: Revocable or Irrevocable (Circle One)
(23) Military home record - entry or discharge (Circle One)
(24) Mobile Home (SFN 3004 required)
(25) North Dakota political subdivisions
(26) Repossession (SFN 2880 required)
(28) Insurance company-total loss settlement
(29) Other (Specify _____)

Full Purchase Price		$_____
Less Trade-In Allowance		$_____
Less Total Loss Allowance		$_____
Difference / Subtotal		$_____
Tax (5% of Difference / Subtotal)		$_____
Title Fee	($5.00)	$_____
License Fee		$_____
License Plate Credit Amount		$_____
Plate Transfer Fee	($5.00)	$_____
TOTAL FEES DUE:		$_____

Year and Make of Trade-In _____
VIN of Trade-In _____

NOTE: A guide published by the automobile industry will be used to check values.

PENALTY: Persons making a false entry or altering a government document are guilty of a class A misdemeanor.

SFN 2875 (Rev. 01-2011)

First Lienholder (title will be mailed to first lienholder)		
Mailing Address		
City	State	Zip
Second Lienholder		
Mailing Address		
City	State	Zip

The buyer (applicant), subject to the penalties of law, certifies the purchase price of the vehicle. The buyer makes application for certificate of title to the vehicle, having acquired it subject to the liens stated. The buyer certifies the vehicle is and will continue to be insured while operating upon public streets and highways.

Signature of Buyer/Transferee X	Date (Mo., Day, Year)
Signature of Buyer/Transferee X	Date (Mo., Day, Year)

Inspection Checklist

Owner/Responsible party: Platnium Investments

Address: 3860 Agate LN A8

Date: 9.24.20

Compliant Exterior (Windows, Siding, Roofing):	YES	NO	N/A
Skirting in Place:	YES	NO	N/A
Compliant Egress Windows (min 24 high/20 wide):	YES	NO	N/A
Compliant Water Heater: electric	YES	NO	N/A
Compliant Furnace/Water heater compartment:	YES	NO	N/A
Compliant Roof Snow load on Data Plate:	YES	NO	N/A
Compliant Heat Zone requirements:	YES	NO	N/A
Compliant Plumbing to MN Code:	YES	NO	N/A
CO detector within 10 feet of sleeping rooms:	YES	NO	N/A
Compliant locations of Smoke Detectors:	YES	NO	N/A
Compliant 4 prong Dryer/Range Outlet:	YES	NO	N/A
Compliant Gas fired Range: Shut off valve disconnected	YES	NO	N/A
Compliant Gas fired Fireplace:	YES	NO	N/A
Foundation Anchoring:	YES	NO	N/A

ADDITIONAL COMMENTS: Need 2 CO detectors w/in 10'ft of bedroom

- Video by Pike Plumbing of flooded Plumbing system, NO LEAKS
  plumbing meets MN state HUD requirements

- SNOW LOAD, HEAT built to ZONE 1 requirements inside plate located on Kitchen cabinet door (HUD)

Jason Stockinger: Certified Building Official-Limited, License # - LB002872

Jason Stockinger

HomeTeam
INSPECTION SERVICE

34043 W. Clear Lake Rd. Pequot Lakes MN 56472 | Phone (218) 825-7372

June 24, 2020

Subject: Home Inspection 3860 Agate Lane Pequot Lakes MN 56472

To Whom It May Concern,

I completed a visual home inspection at this property today and the following remarks are my findings:

1. This mobile home manufacturer data plate is located inside the kitchen cabinet door located below the kitchen sink. This home was constructed by Manufactured Home Interprises in 2013 with serial number M-038758.
2. The exterior vinyl siding is in acceptable condition.
3. The windows and doors are in acceptable condition.
4. The electrical wiring is the Romex type with a 100 amp power panel installed inside the home by the mobile home manufacturer. There were GFCI outlets located in the kitchen and bathrooms. The wiring system was engineered by the manufacturer and appears to meet state code requirements.
5. The plumbing system consists of plastic pex pipes for water delivery and ABS plastic pipes for waste water plumbing. There were no defects in the visible areas of the plumbing system and it appears to meet state code requirements.
6. The foundation consists of concrete blocks positioned on the ground with wood shims added below the steel sub-floor to provide level floor conditions. The steel sub-floor is in good condition.
7. The roof consists of asphalt shingles that are in good condition. There are a few torn shingles that should be repaired but there were no interior signs of roof leaks at the time of this inspection.
8. This mobile home is structurally sound.

Best Regards,

Kyle Holm

Owner | Home Inspector

DEPARTMENT OF
LABOR AND INDUSTRY

Inspection Report

Project Name: service hookup to trailers

Permit Number: ELE2006-11213

Project location/address: 31361 Rasmussen Rd, Pequot Lakes, Crow Wing County, MN, 56472

Applicant: SWENSON ELECTRIC LLC

Phone: (218) 821-2857

Owner: Real property Management

Phone: (218) 454-7368

Inspection Type: Final

Result: Pass with Conditions

Inspector Report

5 mobile home 100 amp service feeders connected from existing utility ped to provided panelboardS. Spoke with contractor.
Utility disconnect panel -
NEC 408.38, Panelboards shall be mounted in cabinets, cutout boxes, or identified enclosures and shall be dead-front.

Inspected By: Bradley Rasmussen

Email: rasmussenelectric.llc@gmail.com

Phone: (218) 543-1023

Date: 9/16/2020

A-8 3360 Missing dead front

(B-5)

APP # _____
SF # _____
Date _____
DWSMA _____
For office use only

CITY OF PEQUOT LAKES
LAND USE PERMIT APPLICATION

Name of Applicant Real Property Management Deluxe Phone 218-454-7368

Mailing Address 7153 Forthun Rd Ste 140 Email office@rpmdeluxe.com

City, State, Zip Baxter, MN 56425

Applicant is:

Legal Owner ()
Contract Buyer ()
Option Holder ()
Agent ()
Other Property Management Company

Title Holder of Property:
(if not applicant)
Platinum Investors of Minnesota LLC
(Name)
7153 Forthun Rd Ste 120
(Address)
Baxter, MN 56425
(City, State, Zip)

Signature of Owner, authorizing application (required): _____
(By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant (if different than owner): _____
(By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Location of property involved in this request:
3373 Obsidian Lane (Lot B5) - Pequot Terrace Trailer Park -

Property Parcel ID (# on Tax Statement) 29101087 (29010410 0BB0009)
Zoning District _____, Lake Name _____

State nature of request in detail: (What are you proposing for the property? If a new dwelling, indicate number of stories and foundation type.)
- owned by the Property Owner Platinum Investors of Minnesota

Will be moving 2 to 4 more units into the park also in the next month or two

Approved by the Zoning Department: _____ Date: _____

CERTIFICATE OF TITLE FOR A VEHICLE

NORTH DAKOTA DEPARTMENT OF TRANSPORTATION

SFN 2875 (Rev. 11-2019)

(B-5)

ND DEPT. OF TRANSPORTATION
MOTOR VEHICLE DIVISION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone: (701) 328-2725

VIN	YEAR MODEL	YEAR REGISTERED	MAKE	BODY STYLE	MODEL
MY11200566K	2011	2011	HOUSE OF HARMON		3B2BACK

OWNER(S) NAME	TITLE NUMBER	VEHICLE TYPE	SHIPPING WEIGHT	DATE ISSUED
ANCOCARO LLC,	ND590078976	TRAILER	0	5/12/2020

ODOMETER READING	ODOMETER STATUS
	EXEMPT

MAIL TO: ANCOCARO LLC
PO BOX 11222
WILLISTON ND 58803-0040

THIS IS A DUPLICATE CERTIFICATE AND MAY BE SUBJECT TO THE RIGHTS OF A PERSON UNDER THE ORIGINAL CERTIFICATE

PART 1. ASSIGNMENT AND WARRANTY OF TITLE (DELIVER TITLE TO BUYER WITHIN 15 DAYS FROM DATE OF SALE)

Applicant's/Buyer's Legal Name (first, middle, last) or Firm Name (Lessor, Trust):		☐ Driver's License ☐ FEIN		Telephone Number
Mailing Address	City	State	ZIP Code	County
Co-Applicant's/Buyer's Legal Name (first, middle, last) or Firm Name (Lessee, Trust):		☐ Driver's License ☐ FEIN		Telephone Number
Mailing Address	City	State	ZIP Code	County
Check One: ☐ Or ☐ And ☐ And/Joint Tenants with Right of Survivorship		Purchase Date (Mo., Day, Year)		Purchase Price

Odometer Disclosure: Federal and State laws require 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.
I certify to the best of my knowledge the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: ☐ Mileage stated is in excess of its mechanical limits. ☐ Odometer reading is not the actual mileage (warning *odometer discrepancy).

Odometer Reading (NO TENTHS)

Signature of Seller/Transferor	Date (Mo., Day, Year) 5 26 22	Signature of Applicant/Buyer/Transferee	Date (Mo., Day, Year)
Signature of Seller/Transferor	Date (Mo., Day, Year)	Signature of Applicant/Buyer/Transferee	Date (Mo., Day, Year)
Hand-Printed Name(s) of Seller(s)/Transferor(s)	Daytime Telephone No.	Hand-Printed Name(s) of Applicant(s)/Buyer(s)/Transferee(s)	

LEGAL TITLE OWNER (LIENHOLDER)

Any lien recorded in the office of the Department of Transportation is shown below. The lien holder named is and shall remain legal owner of the vehicle until the encumbrance is released or satisfied.

I certify that the applicant has complied with the requirements of Title 39 of the North Dakota Century Code relative to the issuance of a certificate of title for a vehicle.

Robin R Rehberg
Deputy Director for Driver Safety

LIEN RELEASE - ALL INTERESTS IN THE VEHICLE DESCRIBED ABOVE ARE RELEASED.

Lienholder Name

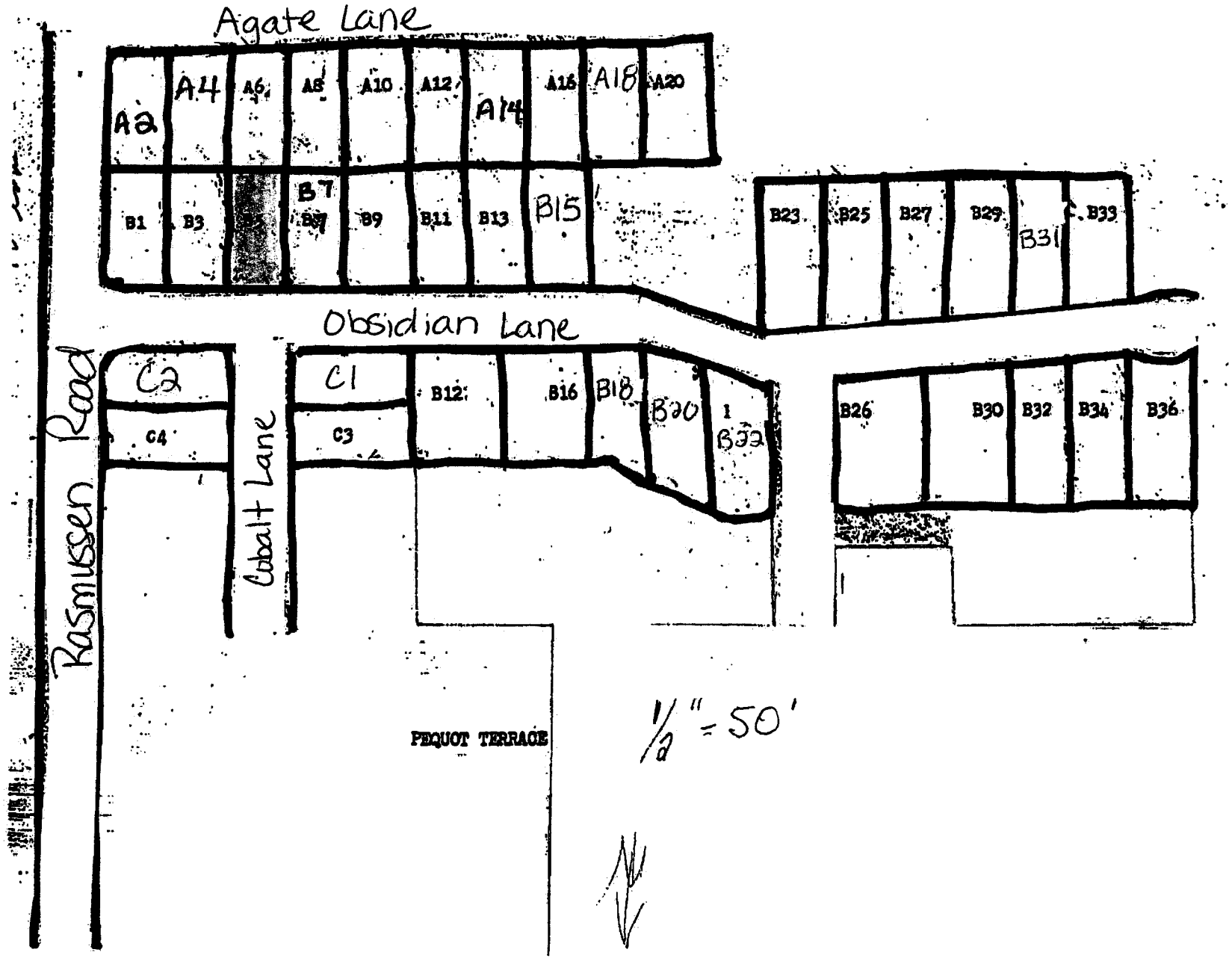
Signature of Agent | Date (Mo., Day, Year)

THE DEPARTMENT OF TRANSPORTATION IS NOT RESPONSIBLE FOR FALSE OR FRAUDULENT STATEMENTS MADE IN THE ASSIGNMENT OF THE CERTIFICATE OF TITLE.

SFN 2875 (11-2019)

P870121

ERASURES, ALTERATIONS OR MUTILATIONS VOID THIS TITLE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Obsidian Lane
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B32
B34
B36
Rasmussen Road
Cobalt Lane
PEQUOT TERRACE
1/2" = 50'

I Park

DEPARTMENT OF
LABOR AND INDUSTRY

Inspection Report

Project Name: service hookup to trailers

Permit Number: ELE2006-11213

Project location/address: 31361 Rasmussen Rd, Pequot Lakes, Crow Wing County, MN, 56472

Applicant: SWENSON ELECTRIC LLC

Phone: (218) 821-2857

Owner: Real property Management

Phone: (218) 454-7368

Inspection Type: Final

Result: Pass with Conditions

Inspector Report

5 mobile home 100 amp service feeders connected from existing utility ped to provided panelboardS. Spoke with contractor.
Utility disconnect panel -
NEC 408.38, Panelboards shall be mounted in cabinets, cutout boxes, or identified enclosures and shall be dead-front.

Inspected By: Bradley Rasmussen

Email: rasmussenelectric.llc@gmail.com

Phone: (218) 543-1023

Date: 9/16/2020

A-8 3360 Missing dead front

Inspection Checklist

Owner/Responsible party: Platinum Investments

Address: B5 3773 Obsidian LN

Date: 10-12-20

Compliant Exterior (Windows, Siding, Roofing):	YES	NO	N/A
Skirting in Place: Missing in Access point (3)	YES	NO	N/A
Compliant Egress Windows (min 24 high/20 wide):	YES	NO	N/A
Compliant Water Heater: electric	YES	NO	N/A
Compliant Furnace/Water heater compartment:	YES	NO	N/A
Compliant Roof Snow load on Data Plate:	YES	NO	N/A
Compliant Heat Zone requirements:	YES	NO	N/A
Compliant Plumbing to MN Code:	YES	NO	N/A
CO detector within 10 feet of sleeping rooms:	YES	NO	N/A
Compliant locations of Smoke Detectors:	YES	NO	N/A
Compliant 4 prong Dryer/Range Outlet: GAS	YES	NO	N/A
Compliant Gas fired Range: Shut-off installed	YES	NO	N/A
Compliant Gas fired Fireplace:	YES	NO	N/A
Foundation Anchoring:	YES	NO	N/A

ADDITIONAL COMMENTS: - Finish Siding on Back exterior wall

★ - Add CO detector w/in 10 ft of bedroom

- On site with plumber from Pike, system flooded (ok)

★ - Smoke detector installed (beeping) Need batteries in all

- Heating/Roof load meets HUD requirements (sticker located in Master closet)

Zone I heating cooling, middle snow load, U0 factor Zone III

Jason Stockinger: Certified Building Official-Limited, License # - LB002872

Jason Stockinger

(B-7)

APP # _____
SF # _____
Date _____
DWSMA _____
For office use only

CITY OF PEQUOT LAKES
LAND USE PERMIT APPLICATION

Name of Applicant Real Property Management Deluxe Phone 218-454-7368

Mailing Address 7153 Forthun Rd Ste 140 Email office@rpmdeluxe.com

City, State, Zip Baxter, MN 56425

Applicant is:

Legal Owner ()
Contract Buyer ()
Option Holder ()
Agent ()
Other Property Management Company

Title Holder of Property:
(if not applicant)
Platinum Investors of Minnesota LLC
(Name)
7153 Forthun Rd Ste 120
(Address)
Baxter, MN 56425
(City, State, Zip)

Signature of Owner, authorizing application (required): _____
(By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant (if different than owner): _____
(By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

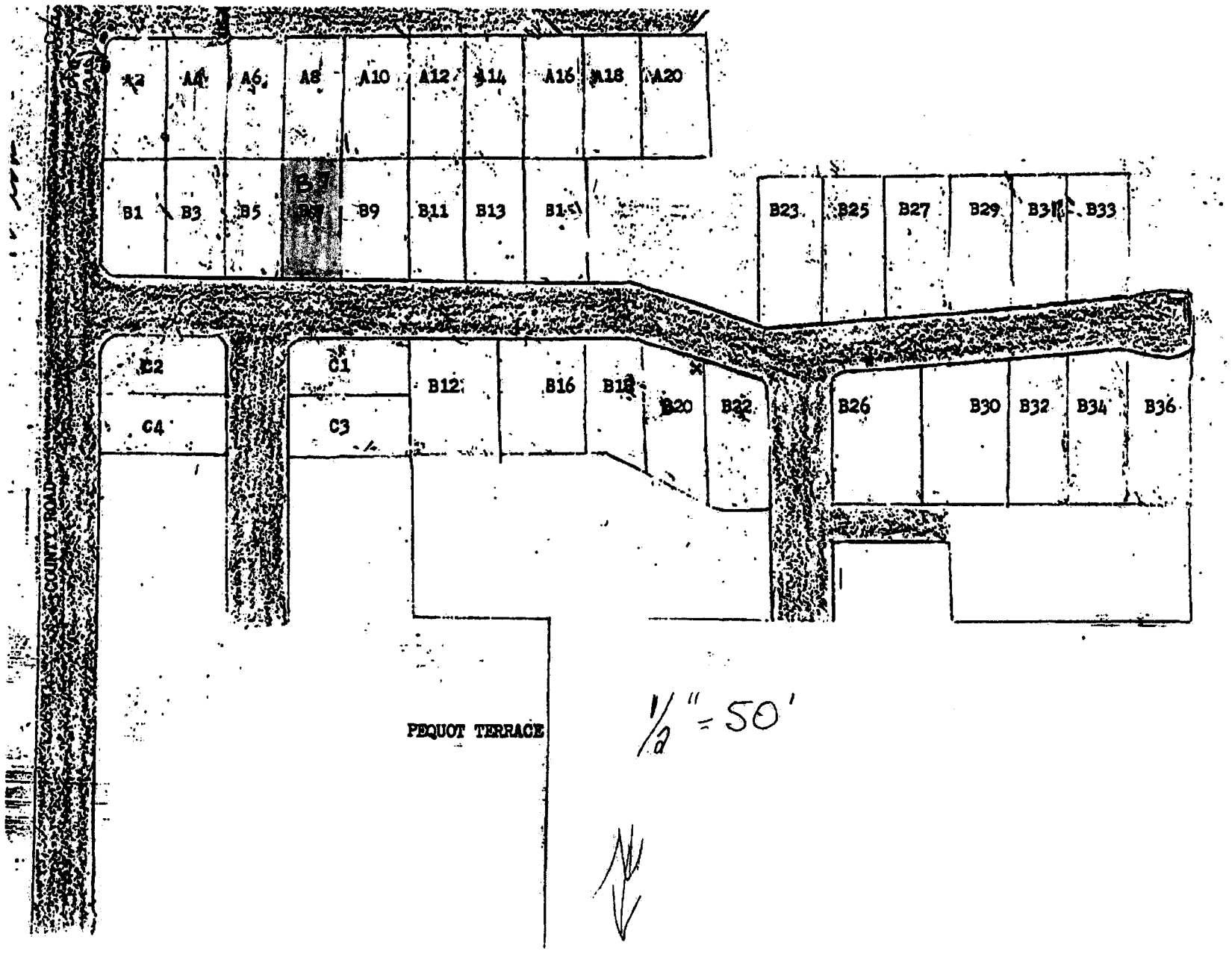
Location of property involved in this request:
3761 Obsidian Lane (Lot B07) - Pequot Terrace Trailer Park -

Property Parcel ID (# on Tax Statement) 29101087 (29010416 0BB0009)
Zoning District _____, Lake Name _____

State nature of request in detail: (What are you proposing for the property? If a new dwelling, indicate number of stories and foundation type.)
moving a newer 16 by 80 foot mobile home into the lot for rental - owned by the Property Owner Platinum Investors of Minnesota

Will be moving 2 to 4 more units into the park also in the next month or two

Approved by the Zoning Department: _____ Date: _____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C4
C3
COUNTY ROAD
PEQUOT TERRACE
1/2" = 50'

I Park

1990
2017
2014
2011

CERTIFICATE OF TITLE FOR A VEHICLE

NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
SFN 2875 (Rev. 01-11)

MOTOR VEHICLE DIVISION
ND DEPT. OF TRANSPORTATION
608 E. BOULEVARD AVENUE
BISMARCK, ND 58505-0780
PHONE (701) 328-2725

VIN	YEAR MODEL	YEAR REGISTERED	MAKE	BODY STYLE	MODEL
MO384341	2012		MANSIO		8880

OWNER(S) NAME
HANCOCK CONCRETE PRODUCTS LLC*,

TITLE NUMBER	VEHICLE TYPE	SHIPPING WEIGHT	DATE ISSUED
6702211	TRAILER	0	07-16-2012

MAIL TO 237

HANCOCK CONCRETE PRODUCTS LLC*
17 ATLANTIC AVE
HANCOCK MN 56244-9715

ODOMETER STATUS
N/A

PART 1. ASSIGNMENT AND WARRANTY OF TITLE (DELIVER TITLE TO BUYER WITHIN 15 DAYS FROM DATE OF SALE)

Applicant's Legal Name (first, middle, last) or Firm Name (Lessor, Trust):		☐ DL ☐ CID ☐ CORPID ☐ FEIN (Check One)		Telephone Number
Mailing Address	City	State	Zip	County
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Mailing Address	City	State	Zip	County
Check one: ☐ Or ☐ And ☐ And/Joint Tenants with Right of Survivorship		Date of Sale		Selling Price

Odometer: Complete if vehicle is less than ten (10) years old.
I certify the odometer reading _____ is the actual vehicle mileage unless one of the following statements is checked.
☐ Mileage stated is in excess of its mechanical limits. ☐ Odometer reading is not the actual mileage (warning* odometer discrepancy).

Signature of Seller/Transferor: Drew [illegible], Assistant Controller	Date (Mo Day, Year): 02/14/2020	Signature of Buyer/Transferee: X	Date (Mo , Day, Year)
Signature of Seller/Transferor	Date (Mo , Day, Year)	Signature of Buyer/Transferee: X	Date (Mo , Day, Year)
Hand-Printed Name(s) of Seller(s)/Transferor(s): Hancock Concrete Products LLC	Daytime Telephone Number	Hand-Printed Name(s) of Buyer(s)/Transferee(s)	

LEGAL TITLE OWNER (LIENHOLDER)

Any lien recorded in the office of the Department of Transportation is shown below The lienholder named is and shall remain legal owner of the vehicle until the encumbrance is released or satisfied.

I certify that the applicant has complied with the requirements of Title 39 of the North Dakota Century Code relative to the issuance of a certificate of title for a vehicle.

Linda N Butts
Deputy Director for Driver and Vehicle Services

LIEN RELEASE

ALL INTERESTS IN THE VEHICLE DESCRIBED ABOVE ARE RELEASED.

Lienholder Name

Signature of Agent: X | Date

M375789

THE DEPARTMENT OF TRANSPORTATION IS NOT RESPONSIBLE FOR FALSE OR FRAUDULENT STATEMENTS MADE IN THE ASSIGNMENT OF THE CERTIFICATE OF TITLE.

ERASURES, ALTERATIONS OR MUTILATIONS VOID THIS TITLE

HomeTeam
INSPECTION SERVICE

34043 W. Clear Lake Rd. Pequot Lakes MN 56472 | Phone (218) 825-7372

June 24, 2020

Subject: Home Inspection 3761 Obsidian Lane Pequot Lakes MN 56472

To Whom It May Concern,

I completed a visual home inspection at this property today and the following remarks are my findings:

1. This mobile home manufacturer data plate is located inside the kitchen cabinet door located below the kitchen sink. This home was constructed by Manufactured Home Interprises in 2012 with serial number M-O 38434.
2. The exterior vinyl siding is in acceptable condition.
3. The windows and doors are in acceptable condition.
4. The electrical wiring is the Romex type with a 100 amp Siemens power panel installed inside the home by the mobile home manufacturer. There were GFCI outlets located in the kitchen and bathrooms. The wiring system was engineered by the manufacturer and is adequate.
5. The plumbing system consists of plastic pex pipes for water delivery and ABS plastic pipes for waste water plumbing. There were no visual defects in the plumbing system.
6. The foundation consists of concrete blocks positioned on the ground with wood shims added below the steel sub-floor to provide level floor conditions. The steel sub-floor is in good condition.
7. The roof consists of asphalt shingles that are in good condition. There are a few torn shingles that should be repaired but there were no interior signs of roof leaks at the time of this inspection.
8. This mobile home is structurally sound.

Best Regards,

Kyle Holm

Owner | Home Inspector

Inspection Checklist

Owner/Responsible party: Platnium Investments

Address: 3761 Obsidian LN B7

Date: 9-24-20

Compliant Exterior (Windows, Siding, Roofing):	YES	NO	N/A
Skirting in Place:	YES	NO	N/A
Compliant Egress Windows (min 24 high/20 wide):	YES	NO	N/A
Compliant Water Heater: electric	YES	NO	N/A
Compliant Furnace/Water heater compartment:	YES	NO	N/A
Compliant Roof Snow load on Data Plate:	YES	NO	N/A
Compliant Heat Zone requirements:	YES	NO	N/A
Compliant Plumbing to MN Code:	YES	NO	N/A
CO detector within 10 feet of sleeping rooms:	YES	NO	N/A
Compliant locations of Smoke Detectors:	YES	NO	N/A
Compliant 4 prong Dryer/Range Outlet:	YES	NO	N/A
Compliant Gas fired Range: Yes shut-off valve	YES	NO	N/A
Compliant Gas fired Fireplace:	YES	NO	N/A
Foundation Anchoring:	YES	NO	N/A

ADDITIONAL COMMENTS: Need 2 CO detector w/in 10ft of bedroom

- Video Sent by Pike Plumbing of flooding the system NO LEAKS, plumbing meets min HUD requirements

- SNOW LOAD, HEAT built to ZONE 1 HUD requirements by door plate located in Kitchen cabinet door

Jason Stockinger: Certified Building Official-Limited, License # - LB002872

DEPARTMENT OF
LABOR AND INDUSTRY

Inspection Report

Project Name: service hookup to trailers

Permit Number: ELE2006-11213

Project location/address: 31361 Rasmussen Rd, Pequot Lakes, Crow Wing County, MN, 56472

Applicant: SWENSON ELECTRIC LLC

Phone: (218) 821-2857

Owner: Real property Management

Phone: (218) 454-7368

Inspection Type: Final

Result: Pass with Conditions

Inspector Report

5 mobile home 100 amp service feeders connected from existing utility ped to provided panelboardS. Spoke with contractor.
Utility disconnect panel -
NEC 408.38, Panelboards shall be mounted in cabinets, cutout boxes, or identified enclosures and shall be dead-front.

Inspected By: Bradley Rasmussen

Email: rasmussenelectric.llc@gmail.com

Phone: (218) 543-1023

Date: 9/16/2020

A-8 3860 Missing dead front

(B-16)

APP # _____
SF # _____
Date _____
DWSMA _____
For office use only

CITY OF PEQUOT LAKES
LAND USE PERMIT APPLICATION

Name of Applicant Real Property Management Deluxe Phone 218-454-7368

Mailing Address 7153 Forthun Rd Ste 140 Email office@rpmdeluxe.com

City, State, Zip Baxter, MN 56425

Applicant is:

Legal Owner ( )
Contract Buyer ( )
Option Holder ( )
Agent ( )
Other Property Management Company

Title Holder of Property:
(if not applicant)
Platinum Investors of Minnesota LLC
(Name)
7153 Forthun Rd Ste 120
(Address)
Baxter, MN 56425
(City, State, Zip)

Signature of Owner, authorizing application (required): _____
(By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

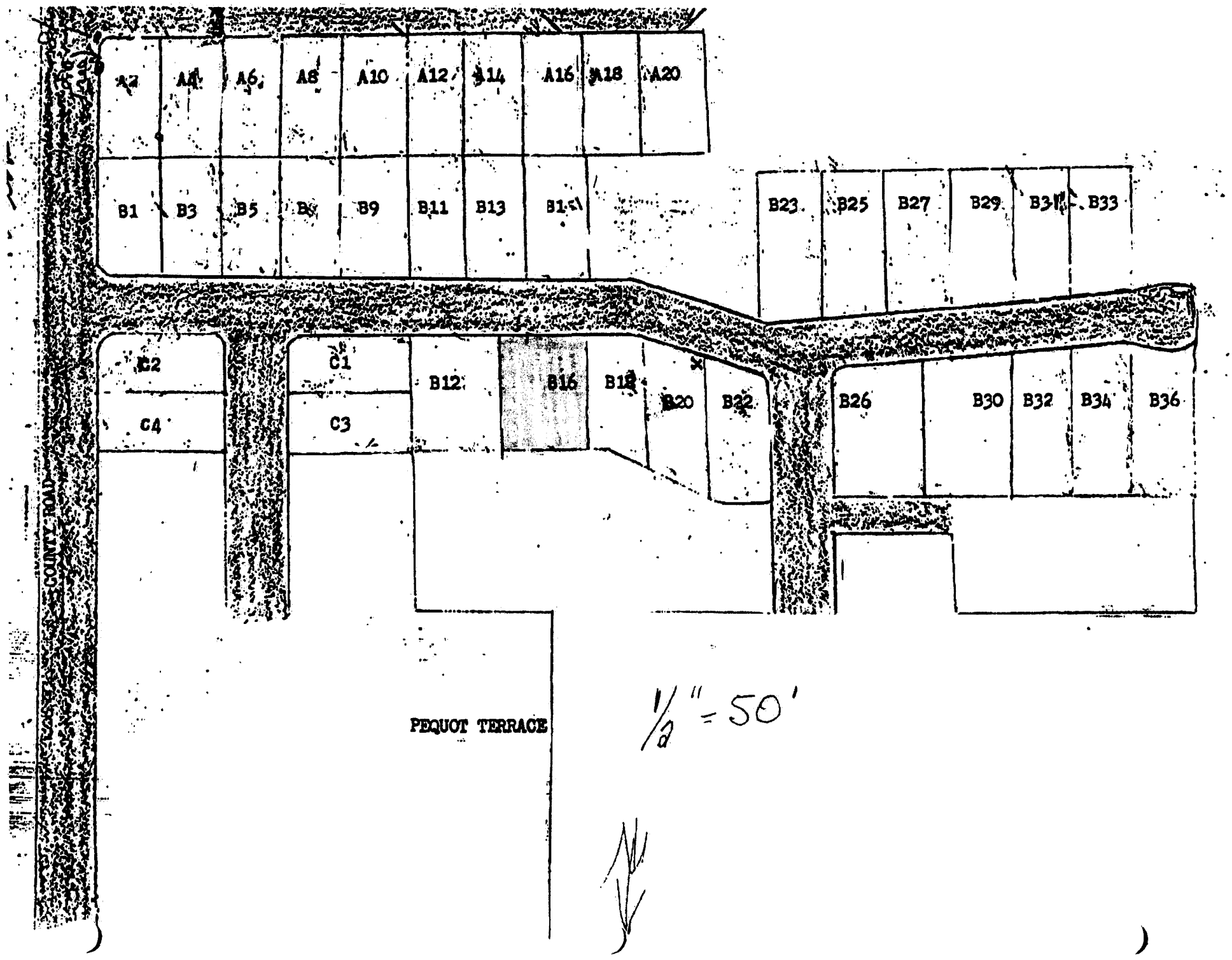
Signature of Applicant (if different than owner): _____
(By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Location of property involved in this request:
3716 Obsidian Lane (Lot B16) - Pequot Terrace Trailer Park -

Property Parcel ID (# on Tax Statement) 29101087 (29010416UBB0009)
Zoning District _____, Lake Name _____

State nature of request in detail: (What are you proposing for the property? If a new dwelling, indicate number of stories and foundation type.)
moving a newer mobile home into the lot for rental - owned by the Property Owner Platinum Investors of Minnesota

Approved by the Zoning Department: _____ Date: _____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B36
C4
C3
COUNTY ROAD
PEQUOT TERRACE
1/2" = 50'

CERTIFICATE OF TITLE FOR A MOTOR VEHICLE

VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	MODEL/BODY	TITLE NUMBER
MY907321V	90	FRIE	LA MH	HD225B001

DATE ISSUED	ODOMETER	TAX BASE	CODE	PLATE NUMBER	CENTRAL OFFICE USE ONLY
08/13/14	N/REQD	000000	99		

FIRST SECURED PARTY DOB 1ST
11/22/89 40627
71621
GREEN TREE ACCEPT INC

OWNER
CAGLE BERNICE ADELINE
CAGLE LLOYD L

C/O C KIRCHNER 1817 84TH AVE SE
SEBEKA MN 56477

DUPLICATE TITLE
ST PAUL MN 55102
MAY BE SUBJECT TO THE
RIGHTS OF A PERSON UNDER
THE ORIGINAL CERTIFICATE

THIS TITLE DESCRIBES A MANUFACTURED HOME NOT A MOTOR VEHICLE

D

ASSIGNMENT BY SELLER (TRANSFEROR)

FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. MINNESOTA LAW REQUIRES THAT YOU MAKE A DISCLOSURE ABOUT DAMAGE TO THE VEHICLE. A FALSE OR FRAUDULENT STATEMENT OF PURCHASE BY ANY PERSON IS A GROSS MISDEMEANOR OR FELONY.

ODOMETER DISCLOSURE STATEMENT. I (WE) CERTIFY THAT THE ODOMETER NOW READS _____ (NO TENTHS) MILES AND TO THE BEST OF MY KNOWLEDGE THE ODOMETER MILEAGE:

- ☐ IS ACTUAL MILEAGE
- ☐ EXCEEDS MECHANICAL LIMITS OF ODOMETER
- ☐ IS NOT ACTUAL MILEAGE – WARNING ODOMETER DISCREPANCY

DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE THIS VEHICLE ☐ HAS ☐ HAS NOT (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE.

ASSIGNMENT: I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS. WARRANT TITLE AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO:

CHARLOTTE MAE Kirchner
SELLER'S PRINTED NAME(S)

DATE OF SALE

SUYER'S PRINTED NAME(S)

1817 84 AVE SW SEBEKA MN 56477
SELLER'S ADDRESS

DEALER'S LICENSE #

BUYER'S ADDRESS

C M Kirchner POA
SELLER'S SIGNATURE(S)

BUYER'S SIGNATURE(S)

APPLICATION FOR TITLE BY BUYER (TRANSFEREE). MUST BE SUBMITTED WITHIN 10 DAYS (Please Print)

BUYER'S NAME	(FIRST)	(MIDDLE)		BUSINESS LICENSE (IF REQUIRED)
ADDITIONAL NAME(S)	(FIRST)			BUSINESS NAME (IF REQUIRED)
STREET ADDRESS		CITY	STATE	ZIP CODE

IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? ☐ NO ☐ YES (IF YES COMPLETE SECTION BELOW)

FIRST SECURED PARTY NAME		FOR ADDITIONAL SECURED PARTIES, ATTACH COMPLETED FORM PS2017
STREET ADDRESS	CITY	STATE / ZIP CODE

I (WE) CERTIFY I (WE) AM (ARE) OF LEGAL AGE, HAVE PURCHASED THIS VEHICLE SUBJECT TO LIENS SHOWN AND NO OTHERS. I (WE) ATTEST BY THIS TRANSACTION THAT THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED WHILE OPERATED UPON THE PUBLIC STREETS AND HIGHWAYS. ALL OF MY (OUR) DECLARATIONS ARE TRUE AND CORRECT.

MINNESOTA COUNTY OR OTHER STATE WHERE VEHICLE IS KEPT

BUYER'S SIGNATURE(S)

IMPORTANT - PLEASE READ: ALL INFORMATION COLLECTED ON THIS APPLICATION IS REQUIRED BY LAW AND IS USED TO IDENTIFY THE MOTOR VEHICLE. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DENIAL OF THE REQUESTED ACTION. EXCEPT FOR CERTAIN USES PERMITTED BY FEDERAL AND STATE LAWS, PERSONAL INFORMATION CONTAINED IN YOUR APPLICATION MAY NOT BE DISCLOSED TO ANYONE WITHOUT YOUR EXPRESS CONSENT. YOU MAY EXPRESSLY CONSENT TO THE DISCLOSURE OF YOUR INFORMATION BY WRITING THE FOLLOWING ADDRESS.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES DIVISION
445 MINNESOTA STREET, ST. PAUL, MINNESOTA 55101-5187
PHONE 651-297-2126 TTY 651-282-6555
dvs.dps.mn.gov

PS2700-19

KEEP IN A SAFE PLACE. ANY ALTERATION OR ERASURE VOIDS THIS TITLE

SELLER'S NOTICE OF SALE

When you sell this vehicle, you are responsible to file the information on the back side of this notice with the Department of Public Safety *within 10 days.* Please file this information over the internet at dvs.dps.mn.gov, call 651-284-1234, or complete all the information on this notice and mail to the address below. This notice is not required if sold to a Minnesota licensed dealer.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES DIVISION
445 MINNESOTA STREET, ST. PAUL, MINNESOTA 55101-5187

TITLE NUMBER HD225B001 VIN MY907321V

MINNESOTA MOTOR VEHICLE REGISTRATION

YR	MK	MDL	VIN
90	FRIE	LA MH	MY907321V

PLATE # STICKER # TAX EXP

GROSS VEHICLE WEIGHT/BASE VALUE 000000
RECORDED OWNER(S)
CAGLE BERNICE ADELINE
CAGLE LLOYD L

C/O C KIRCHNER 1817 84TH AVE SE
SEBEKA MN 56477

FRIENDSHIP HOMES OF MINN., INC.
P.O. BOX 191
MONTEVIDEO, MN 56265

To Cherry

Plant Number 9

COMPLIANCE CERTIFICATE

Date of Manufacture: 7-7-90

HUD No.: RAD646288

Manufacturer's Serial Number and Model Unit Designation: MY907321V 38-2FB-26A-SA ASPEN II

Design Approval by (D.A.P.I.A.): RADCO

This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture.
(For additional information, consult owner's manual.)

The factory installed equipment includes:

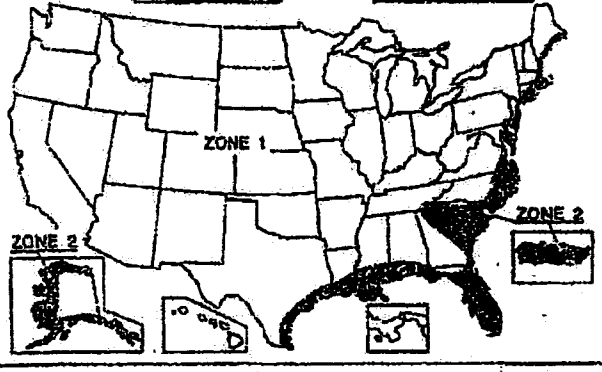
Equipment	Manufacturer	Model Designation
For heating	COLEMAN	7970C856
For air cooling		
For cooking	GE	J6BS04PRJAD
Refrigerator	GE	TB15SPFRAD
Water heater	RHEEM	71-30D
Washer		
Clothes Dryer		
Dishwasher		
Garbage Disposal		
Fireplace		

STRUCTURAL DESIGN BASIS CERTIFICATE

DESIGN WIND ZONE MAP

[XX] Zone I: Standard Wind, 15 PSF Horizontal, 6 PSF Uplift

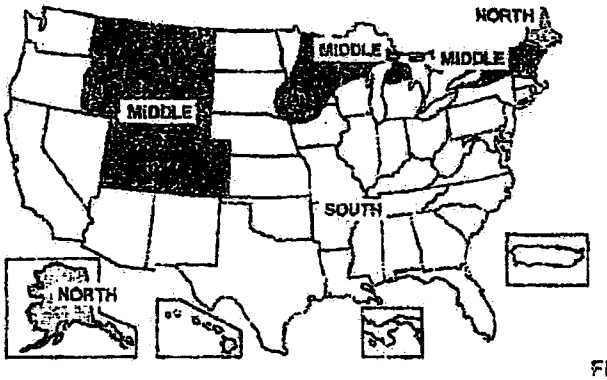
[ ] Zone II: Hurricane Resistive, 25 PSF Horizontal, 15 PSF Uplift



DESIGN ROOF LOAD ZONE MAP

[ ] North 40 PSF [ ] South 20 PSF

[XX] Middle 30 PSF [ ] Other ____ PSF



HEATING AND COOLING DESIGN BASIS CERTIFICATE

This manufactured home has been thermally insulated to conform with the requirements of the federal manufactured home construction and safety standards for all locations within climatic zone II.

Heating equipment manufacturer and model (see list at left).

The above heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of -54 F.

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97½%) is not higher than -17 degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmospheric pressure.

COMFORT COOLING

[ ] Air conditioner provided at factory (Alternate I)

Air conditioner manufacturer and model (see list at left).

Certified capacity ____ B.T.U./hour in accordance with the appropriate air conditioning and refrigeration institute standards.

The central air conditioning system provided in this home has been sized assuming an orientation of the front (hitch end) of the home facing ____. On this basis the system is designed to maintain an indoor temperature of 75° F when outdoor temperatures are ____ F dry bulb and ____ F wet bulb.

The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1981 edition of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this home.

[XX] Air conditioner not provided at factory (Alternate II)

The air distribution system of this home is suitable for the installation of central air conditioning.

The supply air distribution system installed in this home is sized for a manufactured home central air conditioning system of up to 35,000 B.T.U./hr. rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards, when the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the manufactured home supply air duct system.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this manufactured home.

[ ] Air conditioning not recommended (Alternate III)

The air distribution system of this home has not been designed in anticipation of its use with a central air conditioning system.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

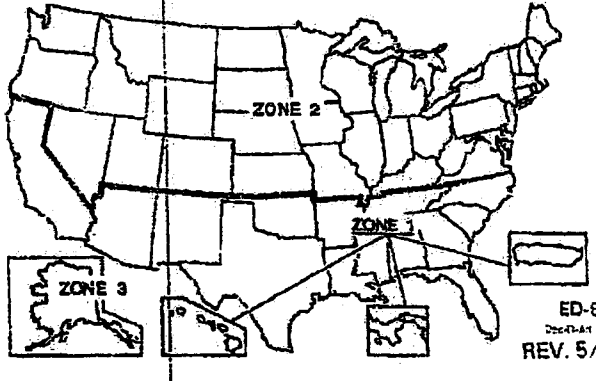
		"U"
Walls (without windows and doors)		.0633
Ceilings and roofs of light color	CATH .0663 MONO	.0665
Ceilings and roofs of dark color		
Floors		.0725
Air ducts in floor		.1461
Air ducts in ceiling		
Air ducts installed outside the home		

The following are the duct areas in this home:

Air ducts in floor	96.00 sq. ft.
Air ducts in ceiling	____ sq. ft.
Air ducts outside the home	____ sq. ft.

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent on the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals, once the location and orientation are known.

OUTDOOR WINTER DESIGN TEMP. ZONES



ED-69
REV. 5/89

FILE COPY

DEPARTMENT OF
LABOR AND INDUSTRY

Inspection Report

Project Name: service hookup to trailers

Permit Number: ELE2006-11213

Project location/address: 31361 Rasmussen Rd, Pequot Lakes, Crow Wing County, MN, 56472

Applicant: SWENSON ELECTRIC LLC

Phone: (218) 821-2857

Owner: Real property Management

Phone: (218) 454-7368

Inspection Type: Final

Result: Pass with Conditions

Inspector Report

5 mobile home 100 amp service feeders connected from existing utility ped to provided panelboardS. Spoke with contractor.
Utility disconnect panel -
NEC 408.38, Panelboards shall be mounted in cabinets, cutout boxes, or identified enclosures and shall be dead-front.

Inspected By: Bradley Rasmussen

Email: rasmussenelectric.llc@gmail.com

Phone: (218) 543-1023

Date: 9/16/2020

A-8 3860 Missing dead front

(B-27)

APP # _____
SF # _____
Date _____
DWSMA _____
For office use only

CITY OF PEQUOT LAKES
LAND USE PERMIT APPLICATION

Name of Applicant Real Property Management Deluxe Phone 218-454-7368

Mailing Address 7153 Forthun Rd Ste 140 Email office@rpmdeluxe.com

City, State, Zip Baxter, MN 56425

Applicant is:

Legal Owner ()
Contract Buyer ()
Option Holder ()
Agent ()
Other Property Management Company

Title Holder of Property:
(if not applicant)
Platinum Investors of Minnesota LLC
(Name)
7153 Forthun Rd Ste 120
(Address)
Baxter, MN 56425
(City, State, Zip)

Signature of Owner, authorizing application (required): _____
(By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

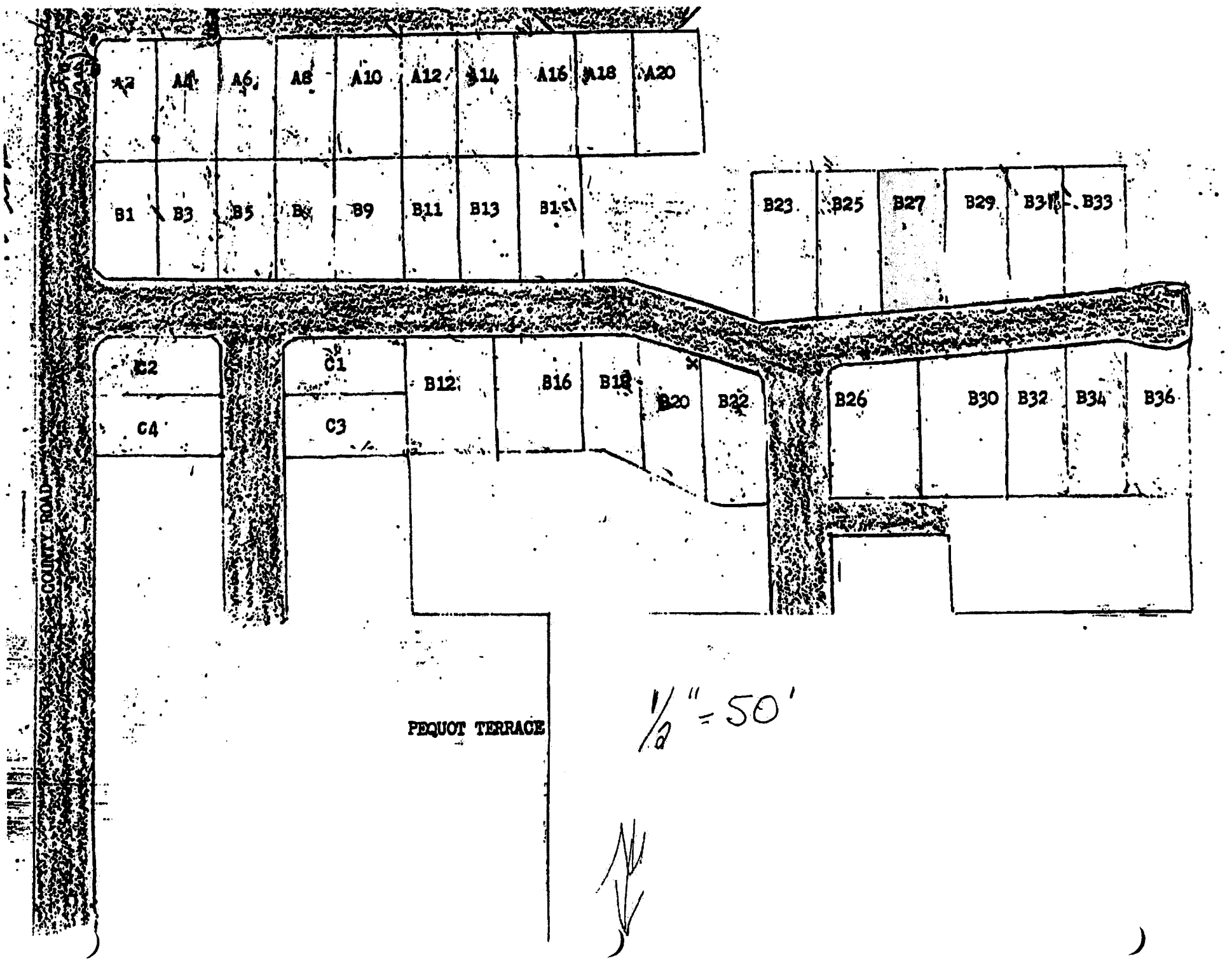
Signature of Applicant (if different than owner): _____
(By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Location of property involved in this request:
3165 Obsidian Lane (Lot B-27 - Pequot Terrace Trailer Park -

Property Parcel ID (# on Tax Statement) 29101087 (29010410 0 BB0009)
Zoning District _____, Lake Name _____

State nature of request in detail: (What are you proposing for the property? If a new dwelling, indicate number of stories and foundation type.)
moving a newer mobile home into the lot for rental - owned by the Property Owner Platinum Investors of Minnesota

Approved by the Zoning Department: _____ Date: _____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B20
B22
B26
B30
B32
B34
B36
C4
C3
COUNTY ROAD
PEQUOT TERRACE
1/2" = 50'

LEGAL DOCUMENT - KEEP IN A SAFE PLACE

CERTIFICATE OF TITLE FOR A VEHICLE

NORTH DAKOTA DEPARTMENT OF TRANSPORTATION
SFN 2875 (Rev. 01-11)

MOTOR VEHICLE DIVISION
ND DEPT. OF TRANSPORTATION
608 E. BOULEVARD AVENUE
BISMARCK, ND 58505-0780
PHONE (701) 328-2725

VIN	YEAR MODEL	YEAR REGISTERED	MAKE	BODY STYLE	MODEL
M0387591	2013		MANSIO		8880

OWNER(S) NAME
HANCOCK CONCRETE PRODUCTS LLC*,

TITLE NUMBER	VEHICLE TYPE	SHIPPING WEIGHT	DATE ISSUE
6872969	TRAILER	0	07-11-2013

MAIL TO 312

HANCOCK CONCRETE PRODUCTS LLC*
17 Atlantic Ave
Hancock MN 56244-9715

ODOMETER STATUS
EXEMPT

PART 1. ASSIGNMENT AND WARRANTY OF TITLE (DELIVER TITLE TO BUYER WITHIN 15 DAYS FROM DATE OF SALE)

Applicant's Legal Name (first, middle, last) or Firm Name (Lessor, Trust):		☐ DL ☐ CID ☐ CORPID ☐ FEIN (Check One)		Telephone Number
Mailing Address	City	State	Zip	County
Co-Applicant's Legal Name (first, middle, last) or Firm Name (Lessor, Trust).		☐ DL ☐ CID ☐ CORPID ☐ FEIN (Check One)		Telephone Number
Mailing Address	City	State	Zip	County
Check one: ☐ Or ☐ And ☐ And/Joint Tenants with Right of Survivorship		Date of Sale		Selling Price

Odometer: Complete if vehicle is less than ten (10) years old.
I certify the odometer reading _____ is the actual vehicle mileage unless one of the following statements is checked
☐ Mileage stated is in excess of its mechanical limits. ☐ Odometer reading is not the actual mileage (warning* odometer discrepancy).

Signature of Seller/Transferor: [signature], Assistant Controller	Date (Mo., Day, Year): 02/14/2020	Signature of Buyer/Transferee: X	Date (Mo., Day, Year)
Signature of Seller/Transferor	Date (Mo., Day, Year)	Signature of Buyer/Transferee: X	Date (Mo., Day, Year)
Hand-Printed Name(s) of Seller(s)/Transferor(s): Hancock Concrete Products LLC	Daytime Telephone Number	Hand-Printed Name(s) of Buyer(s)/Transferee(s)	

LEGAL TITLE OWNER (LIENHOLDER)

Any lien recorded in the office of the Department of Transportation is shown below. The lienholder named is and shall remain legal owner of the vehicle until the encumbrance is released or satisfied

I certify that the applicant has complied with the requirements of Title 39 of the North Dakota Century Code relative to the issuance of a certificate of title for a vehicle.

Linda N Butts
Deputy Director for Driver and Vehicle Services

LIEN RELEASE

ALL INTERESTS IN THE VEHICLE DESCRIBED ABOVE ARE RELEASED.

Lienholder Name

Signature of Agent: X | Date

THE DEPARTMENT OF TRANSPORTATION IS NOT RESPONSIBLE FOR FALSE OR FRAUDULENT STATEMENTS MADE IN THE ASSIGNMENT OF THE CERTIFICATE OF TITLE.

M703342

ERASURES, ALTERATIONS OR MUTILATIONS VOID THIS TITLE

Inspection Checklist

Owner/Responsible party: Platnium Investments

Address: 3657 Obsidian LN B-27

Date: 9-24-20

Compliant Exterior (Windows, Siding, Roofing):	YES	NO	N/A
Skirting in Place: 10 ft open, panel there	YES	NO	N/A
Compliant Egress Windows (min 24 high/20 wide):	YES	NO	N/A
Compliant Water Heater: electric	YES	NO	N/A
Compliant Furnace/Water heater compartment:	YES	NO	N/A
Compliant Roof Snow load on Data Plate:	YES	NO	N/A
Compliant Heat Zone requirements:	YES	NO	N/A
Compliant Plumbing to MN Code:	YES	NO	N/A
CO detector within 10 feet of sleeping rooms:	YES	NO	N/A
Compliant locations of Smoke Detectors:	YES	NO	N/A
Compliant 4 prong Dryer/Range Outlet:	YES	NO	N/A
Compliant Gas fired Range: shut off valve	YES	NO	N/A
Compliant Gas fired Fireplace:	YES	NO	N/A
Foundation Anchoring:	YES	NO	N/A

ADDITIONAL COMMENTS: - Add 2 CO detector 10 ft' from bedrooms

- Video from Pike Plumbing of flooded system, NO LEAKS
Plumbing meets MN requirements for HUD

- SNOW LOAD, HEAT built to ZONE 1 HUD requirements. Plate located Inside kitchen cabinet door

Jason Stockinger: Certified Building Official-Limited, License # - LB002872

HomeTeam
INSPECTION SERVICE

34043 W. Clear Lake Rd. Pequot Lakes MN 56472 | Phone (218) 825-7372

June 24, 2020

Subject: Home Inspection 3657 Obsidian Lane Pequot Lakes MN 56472

To Whom It May Concern,

I completed a visual home inspection at this property today and the following remarks are my findings:

1. This mobile home manufacturer data plate is located inside the kitchen cabinet door located below the kitchen sink. This home was constructed by Manufactured Home Interprises in 2013 with serial number M-O 38759.
2. The exterior vinyl siding is in acceptable condition.
3. The windows and doors are in acceptable condition.
4. The electrical wiring is the Romex type with a 100 amp Siemens power panel installed inside the home by the mobile home manufacturer. There were GFCI outlets located in the kitchen and bathrooms. The wiring system was engineered by the manufacturer and appears to meet state code requirements.
5. The plumbing system consists of plastic pex pipes for water delivery and ABS plastic pipes for waste water plumbing. There were no defects in the visible areas of the plumbing system and it appears to meet state code requirements.
6. The foundation consists of concrete blocks positioned on the ground with wood shims added below the steel sub-floor to provide level floor conditions. The steel sub-floor is in good condition.
7. The roof consists of asphalt shingles that are in good condition. There are a few torn shingles that should be repaired but there were no interior signs of roof leaks at the time of this inspection.
8. This mobile home is structurally sound.

Best Regards,

Kyle Holm

Owner | Home Inspector

DEPARTMENT OF
LABOR AND INDUSTRY

Inspection Report

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Permit Number: ELE2006-11213

Project location/address: 31361 Rasmussen Rd, Pequot Lakes, Crow Wing County, MN, 56472

Applicant: SWENSON ELECTRIC LLC

Phone: (218) 821-2857

Owner: Real property Management

Phone: (218) 454-7368

Inspection Type: Final

Result: Pass with Conditions

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Utility disconnect panel -
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Inspected By: Bradley Rasmussen

Email: rasmussenelectric.llc@gmail.com

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Date: 9/16/2020

A-8 3860 Missing dead front