

Recovery Manager
725 S. Nova Rd #101
Ormond Beach, FL 32174
Office: (386) 676-9817 - Cell: (386) 527-3062

Adjuster Run Sheet

Involuntary Repossession

Case #: 03-12002

004876

Date: 12/5/2003

Legal Owner: American General Finance

Acct #: 123456789

DEBTORS NAME Customer, Joe

CO-MAKER Customer, Mary

Address: 1608 N US 1
 Ormond Beach FL 32174

Address: 1339 Jarecki Ave
 Ormond Beach FL 32174

Phone #: (607) 936-8919 Disc

Phone #: (607) 962-4885 Disc

Cell #: Disc

Cell #: Disc

Drivers License #: W-650-665-62-362-0

Drivers License #: W-650-665-62-362-

Social Security #: 120-57-1899 - New York

Social Security #: 063-55-5555 - New York

Date Of Birth: 10/30/62 Age: 44

Date Of Birth: 05/25/62 Age: 44

DEBTOR EMPLOYMENT

CO-MAKER EMPLOYMENT

Debtors : Peninsula Rehab Center
 Verified : 248 Oceanshore Blvd
 NLE : Ormond Beach FL 32174
 Phone#: (386) 676-9817

CoMakers : Daytona Bolt & Nut
 Verified : 111 Elizabeth Street
 NLE : Holly Hill FL 32117
 Phone#: (386) 734-6777

COLLATERAL

Year/Make/Model: 2007 Mitsubishi Eclipse

Body: 2Dr Hatchb DriveTrain: FWD

Vin#: 4A3AK34T17E004876

Color: White Trans: AT

Key Codes: ABCD1234 Trim: GT

Tag#: FXV54Y Engine: V-6 4 LI

OTHER INFO

ASSIGNED TO: Admin

410 NIGHTINGALE CT

 WHEATLAND, CA 95692

Balance Due: \$15,000.00 Amount Due: \$2,301.55 Past Due From: 2/11/2003 Mo. Pmt: \$757.46

ADJUSTER'S REPORT

Date Recovered: _____ Time: _____ Repossessor: _____

Address Recovered: _____ Police Dept: _____

Officers Name: _____ Report #: _____ Time Reported: _____

Vehicle Damage: Y / N Keys: Y / N Driveable: Y / N Property: Y / N

Mileage: _____ License #: _____ Expires: _____ Vin #: _____