

# WEST MICHIGAN BAIL BONDS

1695 Service Rd. Suite 102, Grand Rapids, MI 49503

Records Dept.: 616-458-0122

Fax: 616-458-1131

Def. check-in line: 616-458-0050

In order to close our file and release you from responsibility for the bond, this Certificate of Discharge must be signed **BY THE COURT AND SEALED OR STAMPED**, and returned to us after the Defendant has completed their final court date (sentencing or dismissal). If there is no stamp or seal, the case is considered still open and no collateral will be returned. You may also send us a copy of the Judgment of Sentence, Order of Probation, etc or anything from the court stating what happened in the case.

Many courts will not fill out these forms. If that is the case, you **MUST** furnish court documentation indicating the case is closed. It is your responsibility and collateral will not be returned until that documentation is received. This is given to you as a courtesy by WMBB. If you lose it or misplace it, we will not mail you another as you have several options to close out his file.

Thank you for choosing West Michigan Bail Bonds, Inc. If you have any questions, please contact our records department at 616-458-0122.

## CERTIFICATE OF DISCHARGE OF BOND

POWER NO. \_\_\_\_\_ Date Posted: \_\_\_\_\_ BOND AMTS \_\_\_\_\_  
Defendant \_\_\_\_\_  
DOB \_\_\_\_\_ SS# \_\_\_\_\_  
District Court \_\_\_\_\_ Circuit Court \_\_\_\_\_  
District Case # \_\_\_\_\_ Circuit Case# \_\_\_\_\_  
Offense \_\_\_\_\_

I have examined the records of the above Defendant and found that the bond with corresponding power number above has been discharged by reason of the following disposition:

- Pending Next Court Date of \_\_\_\_\_  Case Dismissed  Sentenced  
 Other \_\_\_\_\_

Date Bond was Discharged \_\_\_\_\_ Discharged By \_\_\_\_\_  
Signature and /or stamp/seal

### TO THE CLERK OF THE COURT

Please check your records for the bond listed above. When the bond has been exonerated, please enter the date of exoneration, *sign and return* this form to:

West Michigan Bail Bond Agency, Records Dept, 1695 Service Rd., Suite 102, Grand Rapids, MI 49503

If you have any questions please call: Records Dept at 1-616-458-0084, Mon-Fri, 9am-3:00pm

Thank you for your cooperation.

sd

**WEST MICHIGAN BAIL BONDS  
ALIBI BAIL BONDS  
PAROLE/PROBATION DETAINER  
HOLDS/WARRANTS  
WAIVER**

Defendant \_\_\_\_\_ Date \_\_\_\_\_

Due to the Parole/Probation Detainer and/or Holds and Warrants for the listed defendant, I (we) the undersigned are posting this bond with the understanding that said Defendant may not be released from \_\_\_\_\_ Jail on this date, due to the listed holds.

All monies paid on this bond are not refundable and you are taking total responsibility and not holding Alibi Bail Bonds or agent(s) responsible.

\_\_\_\_\_  
\_\_\_\_\_

Indemnitor (Sign/Print)

Indemnitor (Sign/Print)

State of Michigan

County of \_\_\_\_\_) ss. On this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_

Before me personally appeared \_\_\_\_\_ known to me to be the Person who executed the instrument within and acknowledged the same.

\_\_\_\_\_  
Notary Public

# Application for Michigan Vehicle Title

TRANSACTION TYPE		PLATE	PLATE EXPIRATION DATE		REG. FEE
YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER		TITLE FEE
BODY STYLE	FEE CAT/WEIGHT	ODOMETER	OWNER'S DRIVER LICENSE NUMBER	FULL RIGHTS TO SURVIVOR	TAX
OWNER'S NAME(S) AND ADDRESS					REG. TRANSFER
					Co. Cd.

FIRST SECURED PARTY	FILING DATE
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SECOND SECURED PARTY	FILING DATE
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APPLICANT IDENTIFICATION	
<input type="checkbox"/> Owner	<input type="checkbox"/> Others Name: _____
ID presented: _____	
<input type="checkbox"/> Reason for Duplicate Title	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated

LEGAL PAPERS		
TYPE OF DOCUMENT	COUNTY	STATE
COURT	FILE OR DOCKET	DATE EXAMINED
BRANCH OFFICE	EXAMINER (Print)	

CLAIM FOR TAX EXEMPTION	USE TAX RETURN	PURCHASE DATE:
REASON:	1. Purchase price or retail value, whichever is greater.	SELLER'S NAME AND ADDRESS:
I certify the tax exemption shown above is valid. Initial box: <span style="border: 1px solid black; display: inline-block; width: 30px; height: 30px; vertical-align: middle;"></span>	2. 6% Tax	
	3. Credit for tax paid to a reciprocal state (proof attached)	
I certify I own this vehicle and all information on this application is correct to the best of my knowledge.	4. Tax Being Paid	

New Owner's/Applicants' Signature	
X	
X	

**Contact a Secretary of State Branch office if you do not receive your new title within 60 days**

**This form or your title must be presented to purchase or transfer plates.**

Final determination of the correct tax liability will be made by the Michigan Department of Treasury. You may be required to document your tax return or prove you are entitled to the exemption claimed. If you cannot support your claim, minimum penalties include the added tax, a negligence penalty, plus interest from the date of filing this application. Additional penalties can be imposed including criminal prosecution or assessing up to 175% of the tax due.

**EXEMPTION - TRANSFERS BETWEEN RELATIVES:** An exemption from use tax is allowed when the new owner is the spouse, father, mother, brother, sister, child, stepparent, stepchild, stepbrother, stepsister, half brother, half sister, grandparent, grandchild, legal ward, or legally-appointed guardian of the previous owner. Documentation proving the relationship may be requested by the Michigan Department of Treasury.

**VALIDATION:**

AMOUNT RECEIVED	CHANGE
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**MORTGAGE**

This indenture, made the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

WITNESSETH that

hereinafter referred to as the Mortgagor, hereby mortgages to: **West Michigan Bail Bond Agency, Inc., 1695 Service Rd., Suite 200, Grand Rapids, MI 49503** hereinafter referred to as Mortgagee, the following described lands and premises situated in the \_\_\_\_\_ of \_\_\_\_\_ County of \_\_\_\_\_ and State of \_\_\_\_\_.

The condition of the Mortgage is such, That whereas the said Mortgagee has executed a bail on behalf of \_\_\_\_\_ Defendant, in the matter STATE OF \_\_\_\_\_ vs. \_\_\_\_\_ identified by power number \_\_\_\_\_ in the amount of \_\_\_\_\_ Dollars, \$\_\_\_\_\_

Together with all and singular the hereditaments and appurtenances thereunto belonging or in anywise appertaining, to have and to hold the said premises, as herein described, with the appurtenances, unto the said parties of the second part, their assigns, the survivor of them, his or her heirs and assigns, forever. And the said party of the first part, for his heirs, executors, and administrators, does covenant, grant, bargain and agree to and with the said parties of the second part, their assigns, the survivor of them, his or her heirs and assigns, that at the time of the ensealing and delivery of these presents he is well seized of the above granted premises in fee simple; that they are free from all incumbrances whatever, except subject to apparent easements, exceptions, conditions, restrictions and reservation of record; and that he will, and his heirs, executors, and administrators shall warrant and defend the same against all lawful claims whatsoever.

**In Witness Whereof** the said party of the first part has hereunto set his hand the day and year first above written. Signed, Sealed and Delivered in the presence of

Witness \_\_\_\_\_ Signed \_\_\_\_\_ Signed \_\_\_\_\_

Witness \_\_\_\_\_ Signed \_\_\_\_\_ Signed \_\_\_\_\_

STATE OF MICHIGAN. )  
 ) ss.  
County of \_\_\_\_\_ )

on \_\_\_\_\_, before me, a Notary Public, in and for said County, personally appeared \_\_\_\_\_ to me known to be the same person(s) described in and who executed the within instrument, who have acknowledged the same to be their free act and deed.

Drafted By: \_\_\_\_\_ **1695 Service Rd. Suite 200** \_\_\_\_\_ Notary Public,  
**Grand Rapids, MI 49503**

\_\_\_\_\_ County, Michigan,

When Recorded Mail To: **West Michigan Bail Bonds** Acting in the County of \_\_\_\_\_  
**1695 Service Rd., Suite 200** My commission expires \_\_\_\_\_ 20\_\_  
**Grand Rapids, MI 49503**

**QUIT CLAIM DEED**  
STATUTORY FORM

*KNOW ALL MEN BY THESE PRESENTS:* That

whose address is

Quit Claim to

whose address is

the following described premises situated in the \_\_\_\_\_ of \_\_\_\_\_ County of  
and State of Michigan, to-wit:

together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or  
in anywise appertaining, for the sum of

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

*Signed in the presence of:*

*Signed by:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF MICHIGAN }  
COUNTY OF \_\_\_\_\_ } SS.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_ by \_\_\_\_\_

*Notary Public,  
County, Michigan*

My Commission expires

When Recorded Return To:	Send Subsequent Tax Bills To:	Drafted by:
		Business Address

Tax Parcel # \_\_\_\_\_ Recording Fee \_\_\_\_\_ Revenue Stamps \_\_\_\_\_

# Michigan Department of Consumer & Industry Services

## Application for Certificate of Manufactured Home Ownership

TRANSACTION TYPE	BRAND NAME	CERTIFICATE #
SERIAL NUMBER	YEAR OF MANUFACTURE	FULL RIGHTS TO SURVIVOR
OWNER'S NAME(S) AND ADDRESS		TOTAL

FIRST SECURED PARTY	FILING DATE
SECOND SECURED PARTY	FILING DATE

APPLICANT IDENTIFICATION	
<input type="checkbox"/> Owner	<input type="checkbox"/> Other
Name: _____	
I.D. presented: _____	
Reason for Duplicate Title: <input type="checkbox"/> Lost	<input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated

LEGAL PAPERS		
TYPE OF DOCUMENT	COUNTY	STATE
COURT	FILE OR DOCKET	DATE EXAMINED
BRANCH OFFICE	EXAMINER (Print)	

CLAIM FOR TAX EXEMPTION	USE TAX RETURN	PURCHASE DATE:
REASON:	1. Purchase price or retail value, whichever is greater.	SELLER'S NAME AND ADDRESS:
I certify the tax exemption shown above is valid. Initial box: <input style="width: 40px; height: 20px;" type="text"/>	2. 6% Tax	
I certify all information on this form is correct to the best of my knowledge. I also certify this manufactured home is equipped with one fire extinguisher and one smoke detector as required by Public Act 133 of 1974, being sections 125.771 et. sec. of the Michigan Compiled Laws.	3. Credit for tax paid to a reciprocal state (proof attached)	
	4. Tax Being Paid	

New Owner's/Applicants' Signature
X
X

**If your certificate of manufactured home ownership is not received within 60 days from the date of filing, contact a Secretary of State branch office.**

**If the manufactured home you are purchasing is located in a manufactured home community or being placed in a manufactured home community, be sure you and the home are approved for residency by the community before purchasing the home.**

Final determination of the correct tax liability will be made by the Michigan Department of Treasury. You may be required to document your tax return or prove you are entitled to the exemption claimed. If you cannot support your claim, minimum penalties include the added tax, a negligence penalty, plus interest from the date of filing this application. Additional penalties can be imposed including criminal prosecution or assessing up to 175% of the tax due.

**EXEMPTION - TRANSFERS BETWEEN RELATIVES:** An exemption from use tax is allowed when the new owner is the spouse, father, mother, brother, sister, child, stepparent, stepchild, stepbrother, stepsister, half brother, half sister, grandparent, grandchild, legal ward, or legally-appointed guardian of the previous owner. Documentation proving the relationship may be requested by the Michigan Department of Treasury.

**VALIDATION:**

Terri Lynn Land, Secretary of State  
Authority granted under Public Act 419 of 1976 as amended.

AMOUNT RECEIVED	CHANGE



# Application for Michigan Watercraft Title



TRANSACTION TYPE		MC NUMBER		EXPIRES ON:	COUNTY OF RESIDENCE	CODE	REG. FEE
YEAR	MAKE	LENGTH Ft. In.		HULL IDENTIFICATION NUMBER			TITLE FEE
HULL MATERIAL	CODE	TYPE	CODE	POWER	CODE	USE	CODE
FUEL	CODE	MODEL OR SERIES NUMBER	OWNER'S DRIVER LICENSE NUMBER		DATE OF BIRTH		REG. TRANSFER
OWNER'S NAME(S) AND ADDRESS							TOTAL
							FULL RIGHTS TO SURVIVOR

FIRST SECURED PARTY	FILING DATE

SECOND SECURED PARTY	FILING DATE

APPLICANT IDENTIFICATION	
<input type="checkbox"/> Owner	<input type="checkbox"/> Others Name: _____
I.D. presented: _____	
Reason for Duplicate Title:	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated (attached)

LEGAL PAPERS		
TYPE OF DOCUMENT	COUNTY	STATE
COURT	FILE OR DOCKET	DATE EXAMINED
BRANCH OFFICE	EXAMINER (R/INIT)	

CLAIM FOR TAX EXEMPTION	USE TAX RETURN	PURCHASE DATE:
REASON:	1. Purchase price or retail value, whichever is greater.	SELLER'S NAME AND ADDRESS:
	2. 6% Tax	
	3. Credit for tax paid to a reciprocal state (proof attached)	
	4. Tax Being Paid	
I certify the tax exemption shown above is valid. Initial box: <input type="checkbox"/>		
I certify I own this watercraft and all information on this application is correct to the best of my knowledge.		

New Owner's/Applicants' Signature

HULL MATERIAL	TYPE	POWER	USE	FUEL
1. Wood	1. Open	1. Inboard	1. Pleasure	1. Gas
2. Steel	2. Cabin	2. Outboard	2. Commercial	2. Diesel
3. Fiberglass	3. Sail	3. Sail	3. Sail	3. Electric
4. Aluminum	4. Row	4. Sail/w Power	4. Other	
5. Other	5. Canoe	5. Other Power	5. Commercial Freight	
	6. Pontoon	6. No Power	6. Commercial Fishing	
	7. Personal WC	7. Jet Propulsion		

**Contact a Secretary of State branch office if you do not receive your title within 60 days.**

Final determination of the correct tax liability will be made by the Michigan Department of Treasury. You may be required to document your tax return or prove you are entitled to the exemption claimed. If you cannot support your claim, minimum penalties include the added tax, a negligence penalty, plus interest from the date of filing this application. Additional penalties can be imposed including criminal prosecution or assessing up to 175% of the tax due.

**EXEMPTION - TRANSFERS BETWEEN RELATIVES:** An exemption from use tax is allowed when the new owner is the spouse, father, mother, brother, sister, child, stepparent, stepchild, stepbrother, stepsister, half brother, half sister, grandparent, grandchild, legal ward, or legally-appointed guardian of the previous owner. Documentation proving the relationship may be requested by the Michigan Department of Treasury.

**VALIDATION:**

AMOUNT RECEIVED	CHANGE

Terri Lynn Land, Secretary of State

Authority granted under Public Act 160 and Public Act 303 of 1967 as amended.