



ASSIGNMENT OF CLAIM/SUIT

For value received as required by section 320.781(7), Florida Statutes, I _____
_____ of _____

Florida, assign and transfer to the State of Florida, Department of Highway Safety and Motor Vehicles, Mobile Home and Recreational Vehicle Protection Trust Fund, located at 2900 Apalachee Parkway, MS-60, Tallahassee, Florida 32399-0600, as assignee, that claim initiated by me in my suit on _____, against _____, in the case entitled _____ v. _____ in the _____ Federal Bankruptcy Court of _____, District of Florida, for the sum of _____ Dollars (\$) . A copy of my claim is attached to this assignment.

This assignment is without recourse, and I do not guarantee recovery of this claim hereby assigned. However, I do agree that I will not release or discharge this claim, and that in the event any payment is made to me in response to this suit or claim, I will promptly transmit such payment to assignee.

I appoint my attorney in fact with power to demand and receive satisfaction of the claim, and, in my name, but at assignee's expense, to take all lawful means for recovery of the sum due, and on payment to acknowledge satisfaction or discharge the claim or suit.

Dated _____

Signature

Sworn to or affirmed and subscribed
Before me this _____ day of _____, 20____.

My Commission Expires: _____

NOTARY PUBLIC
State of Florida at Large

Personally Known _____

Produced Identification _____