



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____.

NOTARY PUBLIC
State of Florida at Large

My Commission Expires: _____

Personally Known _____

Produced Identification _____