BILL OF SALE OF AUTOMOBILE To be completed upon sale of motor vehicle.					
State of Florida County of		\$			
FOR AND IN CONSIDERATION OF this day in full by do hereby bargain and sell to Buyer(s) t	Dollars (\$ , "Buyer(s)", he following personal	s) cash in hand, paid me , "Seller(s)" property:			
One (1) Motor Vehicle Make Model	Body Ty				
Vehicle Identification Number (VIN)		Year:			
The said property I guarantee is my own and free of all claims and offsets of any and all kinds.					
To have and to hold the same unto Buyer(s) and Buyer(s) executors, administrators and assigns, forever.					
This vehicle is sold "as-is" without any warranties, express or implied, as to the condition of such vehicle. By accepting this Bill of Sale, Buyer(s) represent that Buyer(s) have personally inspected the vehicle and accepts the vehicle "as-is".					
	Sell	er(s)			
	Signature Print Name	2:			
	Signature Print Name	2:			
SWORN TO AND SUBSCRIBED BEFORE N	1E, this the day of	f, 20			
My Commission Expires:	NOTARY F	PUBLIC			
U.S. Legal Forms, Inc. <u>http://www.uslegalforms.com</u>		Form US-00431B			

## **ODOMETER DISCLOSURE STATEMENT** To be completed by Transferor (Seller)

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.					
I,, state that the odometer now reads miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.					
I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.					
I hereby certify that the odometer reading is NOT the actual mileage. WARNING - ODOMETER DISCREPANCY.					
Make	Model	Body Type			
			_		
Vehicle Identification Number	(VIN)		Year:		
	(() (() () () () () () () () () () () ()				
Signature of Transferor (Seller):					
	Transferor's (Sell	er's) Information			
Transferor's Name (Please Typ	e or Print):				
Street Address:	Charter	7:			
City:	State:	Zip:			
Transferrada Norma (Diasas Tran	Transferee's (Buy	er's) Information			
Transferee's Name (Please Type or Print): Street Address:					
City:	State:	Zip:			
	Joure.	21p.			
Signature of Transferee (Buyer):					
DATE OF STATEMENT:					
STATE OF FLORIDA COUNTY OF					
SWORN TO AND SUBSCRIBED BEFORE ME, this the day of, 20					
NOTARY PUBLIC					
My Commission Expires:					
ORIGINAL MUST BE PROVIDED WITH APPLICATION FOR A CERTIFICATE OF TITLE					