BILL OF SALE OF AUTOMOBILE To be completed upon sale of motor vehicle.				
State of Tennessee County of			\$	_
FOR AND IN CONSIDERATION this day in full by do hereby bargain and sell	ON OF, "Buye to Buyer(s) the following	_ Dollars (\$ er(s)", personal property:) cash in hand ,	, paid me "Seller(s)"
One (1) Motor Vehicle				
Make	Model	Body Type		
Vehicle Identification Number	(VIN)		Year:	
The said property I guarantee To have and to hold the sa forever. This vehicle is sold "as-is" vehicle. By accepting this the vehicle and accepts the	me unto Buyer(s) and Bu without any warranties, e Bill of Sale, Buyer(s) repr	yer(s) executors, ad express or implied, a	Iministrators and	d assigns, on of such
		Seller(s)		
		Signature Print Name:		
SWORN TO AND SUBSCRIB	ED BEFORE ME, this the	Print Name: day of		
My Commission Expires:		NOTARY PUBLIC		

Form US-00431B

U.S. Legal Forms, Inc. http://www.uslegalforms.com

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. _____, 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 (Seller's) Information** Transferor's Name (Please Type or Print): Street Address: State: Zip: City: Transferee's (Buyer's) Information Transferee's Name (Please Type or Print): Street Address: State: Zip: Citv: Signature of Transferee (Buyer): DATE OF STATEMENT: STATE OF TENNESSEE 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