| BILL OF SALE OF AUTOMOBILE To be completed upon sale of motor vehicle. | | | | |
|---|-----------------------------------|--|--|--|
| State of Indiana County of | | Ę | \$ | |
| FOR AND IN CONSIDERAT hand, paid me this day in f | ION OF ull by, "Seller(: v: | Dollars (\$, (Buy s)"do hereby bargain and se |) cash in ver(s), Il to Buyer(s) the | |
| One (1) Motor Vehicle | , | | | |
| Make | Model | Body Type | | |
| Vehicle Identification Number (V | /IN) | | 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. Seller(s) hereby covenant to and with Buyer(s)that Seller(s) is the true and lawful owner(s) of the above-described motor vehicle, that the same is free from all encumbrances whatsoever except | | | | |
| Signature Print Name: SWORN TO AND SUBSCRIBED BEFORE ME, this the day of, 20_ | | | | |
| My Commission Expires: | | NOTARY PUBLIC | | |
| | | | | |

| ODOMETER DISCLOSURE STATEMENT To be competed 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 (Seller's) Information | | | | |
| Transferor's Name (Please Type or Print): | | | | |
| Street Address: | | | | |
| City: | State: | Zip: | | |
| Transforasis (Durrau's) Information | | | | |
| Transferee's (Buyer's) Information Transferee's Name (Please Type or Print): | | | | |
| Street Address: |)- | | | |
| City: | State: | Zip: | | |
| Signature of Transferee (Buyer): | | | | |
| DATE OF STATEMENT: | | | | |
| STATE OF INDIANA COUNTY OF | | | | |
| SWORN TO AND SUBSCRIBED BEFORE ME, this the day of, 20 | | | | |
| My Commission Expires: | NOTARY PU | | | |
| ORIGINAL MUST BE | PROVIDED WITH APP | LICATION FOR A CERTIFICATE OF TITLE | | |