BILL OF SALE OF AUTOMOBILE To be completed upon sale of motor vehicle.					
State of Maine County of			\$		
FOR AND IN CONSIDERATION OF		Dollars (\$ , (Bu hereby bargain and s	) cash in uyer(s), sell to Buyer(s) the		
following personal property:					
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 (lienholder), that Seller(s) has good right to sell the same as aforesaid, and that Seller will warrant and defend the same against all lawful claims and demands whatsoever except the above lien, if any. Seller(s)					
SWORN TO AND SUBSCRIE	BED BEFORE ME, this the	Signature Print Name: day of			
My Commission Expires:		NOTARY PUBLIC			

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	Body Type		
Vehicle Identification Number (V	(IN)		Year:		
Signature of Transferor (Seller):					
Turne formerle Name a (Diana a Tranc	,	er's) Information			
Transferor's Name (Please Type Street Address:	or Print):				
	State:	Zip:			
City:	State.	Zip.			
	Transforasis (Dur	ver's) Information			
Transferee's Name (Please Type	· ·	er sj information			
Street Address:	or r mitj.				
City:	State:	Zip:			
Signature of Transferee (Buyer):					
DATE OF STATEMENT:					
STATE OF MAINE COUNTY OF		day of	20		
SWORN TO AND SUBSCRIBED BEFORE ME, this the day of, 20					
My Commission Expires: ORIGINAL MUST BE PROVIDED WITH APPLICATION FOR A CERTIFICATE OF TITLE					
UNIGINAL WIUST BE	I KOVIDED WITH APP	LICATION FURA	CENTIFICATE OF TILLE		