

STATE OF OHIO, COUNTY OF MAHONING

Previous No. CERTIFICATE OF TITLE
MFG CERT TO A MOTOR VEHICLE

No. 503070193

This is to certify that EUGENE CARLSON 4/3/87

(Owner's First Middle Last Name) (Date This Title Issued)
5155 NEW RD YOUNGSTOWN OHIO

(Owner's Address in Full)

is the owner of the following described Motor Vehicle:

YEAR 1987 Mfr's Serial No 2FTHF25L7HCA49250
MAKE FORD MODEL STYLE SIDE
BODY TYPE PICKUP TRUCK

having acquired title to said Motor Vehicle from:

Previous Owner WEST GATE FORD TRUCK SALES INC
3780 LE HARPS RD YOUNGSTOWN OHIO

(Address of Previous Owner in Full)

on which Motor Vehicle are the following liens, mortgages or encumbrances:

If none, state NONE

LICENSE EXPIRES
TRANSFER ISSUED
TRUCK W/

Holder's Address in Full

Holder's Address in Full

Date of Notation

Clerk's Signature

Above Lien Discharged

Date of Cancellation

By Signature of Lienholder By Clerk's Signature Deputy Clerk

SECOND LIEN: Nature of Lien

Held by

Holder's Address in Full

Date of Notation

Clerk's Signature

Above Lien Discharged

Date of Cancellation

By Signature of Lienholder By Clerk's Signature Deputy Clerk

THIRD LIEN: Nature of Lien

Held by

Holder's Address in Full

Date of Notation

Clerk's Signature

Above Lien Discharged

Date of Cancellation

By Signature of Lienholder By Clerk's Signature Deputy Clerk

If Dealer, Vendor's License No 50063648 Dir's Permit No 8601

Delivered Purchase Price \$ 13000.00 Ohio Sales or Use Tax Paid \$ 715.00

The mileage registered on the odometer of this vehicle at the time the previous title was assigned was 32 miles

Witness my hand and official seal this 3 APRIL 87 day of

(SEAL)

DB

By

Clerk of Courts

Deputy Clerk

ERASURES & ALTERATIONS VOID THIS TITLE-ASSIGNMENT OF TITLE (Type or Print in Ink)

NOTICE TO TRANSFEROR: YOU ARE REQUIRED BY LAW TO ENTER THE TRUE ODOMETER READING OF THIS MOTOR VEHICLE ON THIS TITLE

STATE OF OHIO, _____ COUNTY SS

For the total consideration of \$ _____, I (we) transfer all rights of ownership of the herein described motor vehicle to:

Purchaser's Name _____

Purchaser's Address _____

I (we) certify that the mileage registered on this vehicle at the time of assignment is _____ miles. CHECK ONE OF THE FOLLOWING STATEMENTS. I (WE) CERTIFY THAT:

- ☐ To the best of my (our) knowledge, the Odometer reading reflects the actual mileage;
- ☐ The Odometer reading reflects mileage in excess of the designed mechanical limit of 99,999 miles;
- ☐ To the best of my (our) knowledge, the Odometer reading is not the actual mileage and should not be relied upon.

CHECK ONE OF THE FOLLOWING. I (WE) CERTIFY THAT, WHILE IN MY (OUR) POSSESSION:

- ☐ This Odometer of this vehicle was not altered, set back, or disconnected;
- ☐ The Odometer of this vehicle was repaired or replaced.

I (we) warrant the title to be free of all liens.

(Transferor's Signature) _____ (Transferor's Address) _____

Sworn to and subscribed in my presence by _____ this _____

day of _____ 19 ____ My Commission Expires _____ 19 ____

(SEAL)

Clerk, Deputy Clerk of Courts-Notary _____

WARNING TO TRANSFEROR AND TRANSFEREE (SELLER AND BUYER). YOU ARE REQUIRED BY LAW TO STATE THE TRUE SELLING PRICE OF THIS MOTOR VEHICLE. THE MAKING OF A FALSE STATEMENT UNDER OATH OR AFFIRMATION IS IN VIOLATION OF SECTION 2921.13 OF THE REVISED CODE AND IS PUNISHABLE BY SIX MONTHS IMPRISONMENT AND A FINE OF UP TO ONE THOUSAND DOLLARS, OR BOTH. THE SELLING PRICE STATED ON THIS TITLE MAY BE COMPARED TO THE AVERAGE SELLING PRICE OF SIMILAR VEHICLES, AND IF THE SELLING PRICE IS SIGNIFICANTLY DIFFERENT FROM SUCH AVERAGE PRICE, YOUR TRANSACTION MAY BE SUBJECT TO A SPECIAL AUDIT BY THE DEPARTMENT OF TAXATION. THE BUYER AND THE SELLER OF THE MOTOR VEHICLE MAY BE REQUIRED TO FURNISH ADDITIONAL EVIDENCE THAT THE SELLING PRICE STATED ON THIS AFFIDAVIT IS GENUINE. IF SUCH EVIDENCE IS NOT PROVIDED, THE BUYER WILL BE SUBJECT TO ASSESSMENT BY THE TAX COMMISSIONER FOR ADDITIONAL SALES AND USE TAXES.

APPLICATION FOR CERTIFICATE OF TITLE (Type or Print in Ink)

FEE OF \$5.00 FOR FAILURE TO APPLY FOR TITLE WITHIN 30 DAYS OF PURCHASE

STATE OF OHIO, _____ COUNTY SS:

Applicant's Name _____

Applicant's Address _____

If Dealer, Vendor's License No. _____ Dir. Permit No. _____

Delivered Purchase Price \$ _____ Ohio Sales or Use Tax Paid \$ _____

LIEN INFORMATION: If no lien, state "none". If more than one lien attach statement of all additional liens.

LIENHOLDER	NATURE OF LIEN
ADDRESS	

I (we) swear (affirm) under penalty of perjury that I (we) am (are) the owner(s) of the herein described motor vehicle; that all liens have been accurately stated; and that all information contained in this application is true and correct. I (we) hereby apply for Certificate of Title.

X _____
(Applicant's Signature)

Sworn to and subscribed in my presence by _____ this _____

day of _____ 19 ____ My Commission Expires _____ 19 ____

(SEAL)

Clerk, Deputy Clerk of Courts-Notary _____