MVR - 191 (Reverse)

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Providing a false statement or failing to properly complete this form may result in fines and/or imprisonment.

Total may result in inter-timpher information.				
A FIRST RE-ASSIG The undersigned hereby certifies that the vehicle described in this title has be		ITLE BY REGISTE		SGN
Name of Buyer:	en transferred to in	e following printed name a	ind address;	
Address of Buyer:			my 32 1	
"I, seller(s) certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked."	Seller(s) Signatur	Sign Hermited Name Print	ere	
I. The mileage stated is in excess of its mechanical limits.	Seller(s) Hand P	rinted Name Print	Here	
ODOMETER READING (NO TENTHS) (NO TENTHS) (NO TENTHS) (NO TENTHS)	I certify that the fo	Countycllowing person(s) personally a	ppeared before me this day, veach	State
WARNING - ODOMETER DISCREPANCY To my knowledge the vehicle described herein:	signed the foregoing document for the purpose stated therein and in the capacity indicated: seller(s)/name(s) of principal(s).			
Yes No Has been involved in a collision or other occurrence to the extent that the cost to repair exceeds 25% of	Notary Public Signature Notarize Here P P P			
fair market value. Yes No Has been a flood vehicle.	Notary's Print dime.			
Yes No Has been a reconstructed or a salvage vehicle.	My Coverssion e Buy (s) Signatu		(SEAL)	Anna Cartain
Date vehicle delivered to purchaser	B yer(s) Hand P			
B PURCHASER'S AP	PLICATION F	OR NEW CERTIFIC	CATE OF TITLE	
The undersigned purchaser of the second seco	e kes app	the second of the second of the second		vehicle is subject to the following named
CHECK Appropriate Block/s (Application cannot be processed	ed without certif	ication of services)		
☐ Title Only - Vehicle Not in Operation	☐ Truck Weigl	nt Desired		
Title and License Plate Class of License	Plate No. Transferred (List Plate Number and Expiration)			
☐ Inoperable Vehicle - Vehicle substantially disassembled and unfit or unsafe to be operated on the highway	☐ Limited Registration Plate For Hire Vehicle (When property taxes are deferred) ☐ Yes or ☐ No			
I certify that all the above information is correct(customer's initials)				
OWNER(S)		E STATE OF	AND RESIDENCE	CHECK DE
Owner 1 DL#				
Full Legal Name of Owner (First, Middle, Last, Suffix) or Company				
Owner 2 DL#Full Legal Name of Owner (First, Middle, Last, Suffix) or Company				
Joint applicants request this title to be issued with Joint Tenants with Rights of Survivorship? Check appropriate block: 🗆 Yes 🗀 No				
Residence Address	City		State Zip Code	e County
Mailing Address (If Different From Above)	City		Zip Cou	County
Vehicle Location Address (If Different from Residence Address Above)				
FIRST LIEN		SECOND LIEN		
Date	No. of the second second	Date of Lien	Acct #	Lien holder ID
Lien holder Name.		Lien holder Name	10-15-15-15-15	
Address		Address		
CityStateZip Code		City	State	Zip Code
I certify for the motor vehicle described herein that I have financial responsibility as required by law. Odometer Reading				
Insurance Company Authorized in NC		Policy Number		
Signature of Owner(s)				
DateCountyState I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and i				
indicated:				owner(s)/name(s) o
Notary Public Signature				
Notary's Printed or Typed Name				
My Commission expires				S I