

Body Vehicle Identification Number Year Make Model **Title Issue Date Title Number** Nov 16, 2020 3AKJGNDRXHDJD1160 2017 **FRHT** 999 DS 00XM2FW **Odometer Condition Acquisition Date**

N/REQD **USED** **Engine Number** NO SECURITY INTERESTS 10-Aug-2020 **OWNER**

MALARK MOTORS EXPRESS

Total Liens 0

PO BOX 438 OSSEO MN 55369-0438

ASSIGNMENT BY SELLER (TRANSFEROR)									
FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. MINNESOTA LAW REQUIRES THAT YOU MAKE A DISCLOSURE ABOUT DAMAGE TO THE VEHICLE. A FALSE OR FRAUDULENT STATEMENT OF PURCHASE BY ANY PERSON IS A GROSS MISDEMEANOR OR FELONY.									
ODOMETER DISCLOSURE STATEMENT. I (WE) CERTIFY THAT THE ODOMETER NOW IS ACTUAL MILEAGE									
READS(NO TENTHS) MILES AND TO THE BEST OF MY KNOWLEDGE THE ODOMETER MILEAGE:						REPANCY			
DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE: 🗆 HAS 🗆 HAS NOT (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE.									
ASSIGNMENT: I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS, WARRANT TITLE, AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO:									
SELLER'S PRINTED NAME(S)		DATE OF SALE			BUYER'S PRINTED NAME(S)				
SELLER'S ADDRESS		DEALER'S LICENSE #			BUYER'S ADDRESS				
SELLER'S SIGNATURE(S) APPLICATION FOR TITLE BY BUYER (TRANSFEREE). MUST BE SUBMITTED WITHIN 10 DAYS (Please Print)									
BUYER'S NAME (LAST)	(FIRST)	(MIDDLE)	DATE(S) OF BIRTH BUYER'S DRIVE			'S LICENSE NUMBER(S)			
ADD'L BUYER'S NAME(S) (LAST)	(FIRST)	(MIDDLE)	DAT	DATE(S) OF BIRTH BUYER'S DRIVE		'S LICENSE NUMBER(S)			
STREET ADDRESS		CITY		COUNTY/CODE		STATE	- 5	ZIP CODE	
IS THIS VEHICLE SUBJECT	□ NO	☐ YES (IF YES, COMPLETE SECTION BELOW)							
FIRST SECURED PARTY'S NAME (PRINT NAME)	m granks, de Al		DATE OF SECUR	DATE OF SECURITY AGREEMENT			DITIONAL SECURED PARTIES, COMPLETED FORM PS2017		
STREET ADDRESS	HT C	спу					ZIP CODE		
I (WE) CERTIFY I (WE) AM (ARE) OF LEGAL AGE, HAVE PURCHASED THIS VEHICLE SUBJECT TO LIENS SHOWN AND NO OTHERS. I (WE) ATTEST BY THIS TRANSACTION THAT THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED WHILE OPERATED UPON THE PUBLIC STREETS AND HIGHWAYS. ALL OF MY (OUR) DECLARATIONS ARE TRUE AND CORRECT.									
X - M - M - M - M - M - M - M - M - M -							MINNESOTA COUNTY OR OTHER STATE WHERE VEHICLE IS KEPT		

APPLICANT'S/BUYER'S SIGNATURE(S) All Must Sign
IMPORTANT - PLEASE READ: ALL INFORMATION COLLECTED ON THIS APPLICATION IS REQUIRED BY LAW AND IS USED TO IDENTIFY THE MOTOR VEHICLE. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN
DENIAL OF THE REQUESTED ACTION. EXCEPT FOR CERTAIN USES PERMITTED BY FEDERAL AND STATE LAWS, PERSONAL INFORMATION CONTAINED IN YOUR APPLICATION MAY NOT BE DISCLOSED TO ANYONE WITHOUT
YOUR EXPRESS CONSENT. YOU MAY EXPRESSLY CONSENT TO THE DISCLOSURE OF YOUR INFORMATION BY WRITING TO THE FOLLOWING ADDRESS:



MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES DIVISION 445 MINNESOTA STREET, ST. PAUL, MINNESOTA 55101-5187 PHONE 651-297-2126 TTY 651-282-6555 dvs.dps.mn.gov

SELLER'S NOTICE OF SALE

When you sell this vehicle, you are responsible to file the information on the back side of this notice with the Department of Public Safety within 10 days. Please file this information over the internet at dvs.dps.mn.gov. call 651-284-1234, or complete all the information on this notice and mail to the address below. This notice is not required if sold to a Minnesota licensed dealer.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY



