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Failure to complete or providing a false statement may result in fines and/or imprisonment (KY odometer law, KRS 190.300). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | I | , |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , | appoint | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | (Address) | | | | | | | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | | | |  | | | | |  | | |  | | | | | (City) | | | | | | | | | | | | | | | | | | | |  | |  | | | | |  | | |  | | |  | | | | | (State) | | | | | | | | | | | | (Zip) | | | | | |  | | |  | | | | | | | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | | | |  | | | | |  | | |  | | | | |  | | | | | | | | | | | | |  | | | | | | |  | |  | | | | |  | | |  | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | as my attorney-in-fact, to act on my behalf, allowing the transfer of ownership of my vehicle and to disclose the mileage on the title for the vehicle described exactly as stated in my following disclosure. I state that the odometer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | now reads | | | | | | | |  | | | | | | | | | | | | | | | | | | | | (no tenths) miles and to the best of my knowledge reflects the actual mileage, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | unless one of the following statements is checked. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Please read carefully. Only mark this section if the vehicle complies with the designation(s) below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | (1) I hereby certify that, to the best of my knowledge, the odometer reading reflects mileage in excess of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | its mechanical limits. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | (2) I hereby certify that the odometer reading is NOT the actual mileage. WARNING-ODOMETER DISCREPANCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | Make | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Model | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Body Type | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Year | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | |  | | | Vehicle Identification Number | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | (Print Transferor/Seller Name) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  | | | (City) | | | | | | | | | |  | | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | | | | |  | | | |  | | | |  | | | | | (State) | | | | | | | | |  | | | | |  | | |  |  | | | | | | |  | | |  | | (Zip) | | | | | | | | | | | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | (Signature) | | | | | | | | | | | | | | |  | | |  | | | |  | | |  | |  | | | | | | | | |  | | |  | | | | |  | | |  | |  | | | | | | | |  | | | |  | | |  | |  | | | | | (Date) | | | | | | | | | |  | | | |  | | |  | | | |  | |  | | | |  | |  | | |  | | | | Subscribed and attested before me on this date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | | |  |  | | | | | |  | | | |  |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | |  | | | | | | | | |  | | |  | | | | | *MM* | | | | | | |  | *DD* | | | | | | | |  | *YY* | |  | | | | | | | |  | | |  | | | | |  | |  | | | |  | | |  | |  |  | | | | |  |  | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | Attesting Official or Notary Signature and Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |  | | |  | | | |  | |  | | | | |  | | |  | | | | |  | |  | | | |  | | |  | | | |  | |  | | | |  | |  | | | | |  | | | | My Commission expires | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |  | | | | |  | | |  | | | | |  | |  | | | | | | | |  | | |  | | | |  | |  | | | | |  | | |  | | | | |  | |  | | | |  | | |  | | | |  | |  | | | |  | |  | | | | |  | | | |  |  | | | |  | |  | | |  | | |  | | |  | | | | *MM* | | | | | | | |  | | | | *DD* | | | | |  | | | *YY* | | | | |  | |  | | | | | | | |  | | |  | | | |  | |  | | | | |  | | |  | | | | |  | |  | | | |  | | |  | | | |  | |  | | | |  | |  | | | | |