

MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES DIVISION

445 MINNESOTA ST. SUITE 165 ST. PAUL, MN 55101-5165 Phone: (651) 297-2126 TTY: (651) 282-6555 Website: dvs.dps.mn.gov

AFFIDAVIT TO CORRECT THE OWNERSHIP RECORD OF A MOTOR VEHICLE

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM:

The appropriate parties must complete all sections of this form and the following:

- Titled vehicle The seller(s) and correct buyer(s) must also complete the transfer and application on a motor vehicle application (PS2000).
- Non-titled vehicle A motor vehicle application (PS2000) must be completed and signed by the correct buyer.

| ote: To qualify for a refund, cancellation of a vehicle sale must be submitted within 90 days of the initial sale date. | | | | | | | | |
|--|--------------|--------------|---------------------------|---|--------------|--------------------------|--------------------------------|--|
| VEHICLE DESCRIPTION MUST BE COMPLETED IN ALL CASES | | | | | | | | |
| VEHICLE IDENTIFICATION NUMBER | | | | Year | Make | | Model | |
| 1 2 3 4 5 6 | 15 16 17 | Title Number | | | Plate Number | | | |
| | | | | | | | | |
| B INCORRECT BUYER(S) MUST COMPLETE THIS SECTION | | | | | | | | |
| Incorrect Buyer's Name/Names (last, first, and middle) | | | | Date(s) of Birth | | e(s) of Birth | | |
| Signature(s) [INCORRECT BUYER(S) MUST SIGN] X | | | | On (p | | | rovide date) | |
| LIEN RELEASE FOR INCORRECT BUYER(S) - Must be Notarized | | | | | | | | |
| | | | | Subscribed and sworn to before me The secured Party named no | | | | |
| | | | this day of 20 | | | longer claims a security | | |
| City State Zip Code | | | - | | | | interest in the vehicle above. | |
| | | | Notary Public | | | | | |
| Signature and Title of Authorized Agent | | | | County | | | Date of Release | |
| x - | | | | My Commission Expires | | | | |
| Note: If a lien is noted on the certificate of title, a lien release is required for the incorrect buyer (The correct buyer must complete the lien information in | | | | | | | | |
| Section C below). | | | | | | | | |
| | | | | | | | | |
| CORRECT BUYER(S) MUST COMPLETE THIS SECTION | | | | | | | | |
| Buyer's Name/Names (last, first, and middle) Date(s) of Birth | | | | | | | | |
| Street Address | | | City | City. | | State | Zip Code | |
| Street Address | | | City | ысу | | State | Zip Code | |
| IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? YES NO IF YES, COMPLETE SECTION BELOW: | | | | | | | | |
| First Secured Party (Print Name) | | | Date of Lo | Date of Loan FOR ADDITIONAL SECURED PARTIES, ATTACH COMPLETED FORM #PS2017 | | | | |
| Street Address | | | City | | State | | Zip Code | |
| ODOMETER DISCLOSURE STATEMENT. I/WE CERTIFY THAT THE ODOMETER DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF | | | | | | | | |
| NOW READS (NO TENTHS) MILES | | | | MY KNOWLEDGE THIS VEHICLE | | | | |
| AND TO THE BEST OF MY KNOWLEDGE THE ODOMETER MILEAGE IS: HAS HAS NOT (CHECK ONE) | | | | | | | | |
| ACTUAL MILEAGE IN EXCESS OF ODOMETER'S NOT ACTUAL MILEAGE SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE. | | | | | | | | |
| ASSIGNMENT: I/WE CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS. I/WE WARRANT TITLE AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO THE PERSON(S) NAMED ABOVE. | | | | | | | | |
| I/WE DID PURCHASE THE ABOVE DESCRIBED VEHICLE SUBJECT TO LIENS SHOW, AND NO OTHERS: | | | | | | | | |
| Signature(s) [CORRECT BUYER(S) MUST SIGN] Date of Purchase | | | | | | | | |
| x x | | | | | | | | |
| | | | | | | | | |
| SELLER(S) MUST COMPLETE THIS SECTION | | | | | | | | |
| I/WE CERTIFY THAT ALL INFORMATION ABOVE IS CORRECT: | | | | | | | | |
| Seller's Full Name | | | Listed Dealer's Full Name | | | | | |
| Seller's Signature | | | Listed | Listed Dealer's Signature | | | | |
| X | | | | x | | | | |
| | | | | | | | | |