



CERTIFICATE OF TITLE FOR A VEHICLE

KEEP IN SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

THE DEPARTMENT OF MOTOR VEHICLES, COMMONWEALTH OF VIRGINIA, HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH, THAT THE APPLICANT NAMED ON THE FACE HEREON HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE, AND THAT, FROM THE STATEMENTS OF THE OWNER AND THE RECORDS ON FILE WITH THIS DEPARTMENT, THE VEHICLE DESCRIBED IS SUBJECT TO THE SECURITY INTEREST RECORDS ON FILE WITH THIS DEPARTMENT, AND AS DESCRIBED HEREON, IF ANY. THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH ALSO PROVIDE THAT ALL TITLE AND REGISTRATION INFORMATION IN THE OFFICE OF THE DEPARTMENT OF MOTOR VEHICLES IS PRIVILEGED AND ONLY SUBJECT TO DISSEMINATION TO AUTHORIZED AGENCIES, BUSINESS ORGANIZATIONS OR AGENTS, GOVERNMENTAL ENTITIES AND INDIVIDUALS UNDER THE CONDITIONS SPECIFIED BY MOTOR VEHICLE CODE SECTIONS 46.2-208, 46.2-209 AND 46.2-210.

ESTABLISHED 01/28/14 615 DMVBBW ORIGINAL

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	VEHICLE BODY	TITLE NO.					
74282	1968	DORSEY	TRL	91081199					
EMPTY WGT.	GROSS WGT.	GVWR	GCWR	AXLES	FUEL	SALES TAX PAID	ODOMETER	DATE ISSUED	
6000	30000		30000	2	NONP	VA EXEMPT	*NOT APPLY	01/28/14	
OTHER PERTINENT DATA									
IND								ODOMETER BRAND	PRIOR TITLE NO.
									97190649

Name(s) and address(es) of vehicle owners:

SOUTH HILL TRADING COMPANY LLC
2796 LIVINGSTON LOOP
VIRGINIA BEACH VA 23456-2485

THIS IS NOT A TITLE NUMBER

11165713A

NO LIENS



A Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. The undersigned hereby certifies that the vehicle described in this title has been transferred to the following (printed name and address of Buyer(s)).

Buyer(s) Name

Street

City, State, Zip

ODOMETER READING
(No Tenths)

DATE OF SALE 11/8/2018

SALE PRICE

Signature of Seller(s)

Printed Name of Seller(s)

South Hill Trading

Signature of Buyer(s)

Printed Name of Buyer(s)

Franklin R. Espinosa

I am aware of the above odometer certification made by the Seller(s)

I am aware of the above odometer certification made by the Seller(s)

VSA3S

Dealer's No.

Licensing Jurisdiction

PURCHASER MUST SECURE A NEW TITLE, OR SURRENDER THIS ONE TO DMV WITHIN 30 DAYS OF SALE DATE.		FEDERAL AND STATE LAW REQUIRES THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE THE ODOMETER DISCLOSURE STATEMENT OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.	
		TITLE AND IT MUST THEN BE SURRENDERED TO SECURE A REPLACEMENT.	
109		PLATE TYPE	
PLATE NO.		EXPIRE DATE	
TITLE NUMBER		TITLE NUMBER	
DMV USE ONLY		DMV USE ONLY	
CITY OR TOWN OF		COUNTY OF	
STREET ADDRESS		STATE ZIP	
SOCIAL SECURITY NUMBER/FEIN OF CO-APPLICANT		PERSONALIZED PLATE FEE \$	
SIGNATURE OF CO-APPLICANT		WT INCREASE FEE \$	
SOCIAL SECURITY NUMBER/FEIN OF APPLICANT		REG FEE \$	
SIGNATURE OF APPLICANT		TITLE FEE \$	
SOCIAL SECURITY NUMBER/FEIN OF APPLICANT		TRANSFER FEE \$	
SIGNATURE OF APPLICANT		UMV FEE \$	
STREET ADDRESS		OTHER \$	
CITY		TOTAL \$	
VEHICLE PRINCIPALLY GARAGED IN CITY, TOWN, COUNTY OR STATE OF		CLERK STAMP	
CITY OR TOWN OF		PROOF OF ADDRESS (specify, proof document presented)	
COUNTY OF		YES NO	
REASSIGNMENT FORM, CONTROL NO., (IF APPLICABLE)		VSAS3 (REV. 11/12)	
G		CERTIFICATION	
NO PAPER TITLE - Check this box <input type="checkbox"/> if you do not want a paper title issued to you. An electronic Certificate of Title will remain on the file for this vehicle at DMV.		DMV USE ONLY	
If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either the owner or co-owner? <input type="checkbox"/> YES <input type="checkbox"/> NO		SALE PRICE \$	
Are any of the vehicle owners on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO		BEFORE TRADE IN ALLOWANCE	
I/We certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my/our knowledge. I/We understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.		TAX \$	
I/We certify that (check one):		(MINIMUM TAX MAY APPLY)	
<input type="checkbox"/> This vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated.		TITLE FEE \$	
<input type="checkbox"/> This vehicle is not insured; therefore, I am remitting the applicable uninsured motor vehicle fee. (This fee provides no insurance coverage.)		CLERK STAMP	
POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA: Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.		WITH LIEN	
PRIVACY NOTICE: The information, including Social Security Number, is requested in accordance with Virginia Code §§46.2-623 and 46.2-629. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. Title and registration records may be disseminated in accordance with §§46.2-208 through 46.2-214, to business, law enforcement or authorized government entities.		YES NO	
APPLICATION FOR REGISTRATION (LICENSE PLATES ISSUED)		PROOF OF ADDRESS (specify, proof document presented)	
DEALER REASSIGNMENT		REASSIGNMENT FORM, CONTROL NO., (IF APPLICABLE)	
C		I am aware of the dealer's odometer certification. Date of Sale _____ Sale Price _____	
ODOMETER READING (No Tents)		Buyer(s) Signature _____	
Buyer(s) Printed Name _____		Buyer(s) Address _____ City _____ State _____ Zip Code _____	
I certify to the best of my knowledge that the odometer reading is: <input type="checkbox"/> ACTUAL Mileage <input type="checkbox"/> NOT ACTUAL Mileage (odometer discrepancy) <input type="checkbox"/> IN EXCESS of Mechanical Limits <input type="checkbox"/> Model year is 10 years or older and was exempt from odometer disclosure in prior state of title (applicant must present out-of-state title showing exemption)		Dealer(s) Signature _____ Dealer(s) Printed Name _____ Dealer Number _____ Licensing Jurisdiction _____	
The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer.			
D		I am aware of the dealer's odometer certification. Date of Sale _____ Sale Price _____	
ODOMETER READING (No Tents)		Buyer(s) Signature _____	
Buyer(s) Printed Name _____		Buyer(s) Address _____ City _____ State _____ Zip Code _____	
I certify to the best of my knowledge that the odometer reading is: <input type="checkbox"/> ACTUAL Mileage <input type="checkbox"/> NOT ACTUAL Mileage (odometer discrepancy) <input type="checkbox"/> IN EXCESS of Mechanical Limits <input type="checkbox"/> Model year is 10 years or older and was exempt from odometer disclosure in prior state of title (applicant must present out-of-state title showing exemption)		Dealer(s) Signature _____ Dealer(s) Printed Name _____ Dealer Number _____ Licensing Jurisdiction _____	
The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer.			
E		DOES YOUR VEHICLE QUALIFY FOR CAR TAX RELIEF?	
PERSONAL PROPERTY TAX RELIEF		If you can answer YES to any of the following questions, your motor vehicle is considered by State Law to have a business use and does NOT qualify for Personal Property Tax Relief.	
F		• Is more than 50% of the vehicle's annual mileage used as a business expense for federal income tax purposes OR reimbursed by an employer? • Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for Federal Income Tax purposes? • Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code? • If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual?	
G		This vehicle is for <input type="checkbox"/> Personal Use <input type="checkbox"/> Business Use Check one of the boxes. See business use criteria above.	
H		LIENOR'S NAME _____ LIENOR CODE _____ DATE OF LIEN _____	
I		ADDRESS _____ CITY _____ STATE ZIP _____	
J		VEHICLE COLOR: _____ REGISTRATION PERIOD: <input type="checkbox"/> One Year <input type="checkbox"/> Two Years (\$2 discount applies)	
K		INSURANCE CERTIFICATION: A vehicle must be insured with liability coverage when it is registered, and it must remain insured while registered, whether or not it is operated, OR the uninsured motor vehicle fee must be paid. Penalties are severe for violation of this requirement.	
L		I/We certify that (check one): <input type="checkbox"/> This vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated. <input type="checkbox"/> This vehicle is not insured; therefore, I am remitting the applicable uninsured motor vehicle fee. (This fee provides no insurance coverage.)	
M		POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA: Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.	
N		PRIVACY NOTICE: The information, including Social Security Number, is requested in accordance with Virginia Code §§46.2-623 and 46.2-629. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. Title and registration records may be disseminated in accordance with §§46.2-208 through 46.2-214, to business, law enforcement or authorized government entities.	
O		CERTIFICATION	
P		NO PAPER TITLE - Check this box <input type="checkbox"/> if you do not want a paper title issued to you. An electronic Certificate of Title will remain on the file for this vehicle at DMV.	
Q		If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either the owner or co-owner? <input type="checkbox"/> YES <input type="checkbox"/> NO	
R		Are any of the vehicle owners on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO	
S		I/We certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my/our knowledge. I/We understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.	
T		I/We certify that (check one):	
U		<input type="checkbox"/> This vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated.	
V		<input type="checkbox"/> This vehicle is not insured; therefore, I am remitting the applicable uninsured motor vehicle fee. (This fee provides no insurance coverage.)	
W		I/We certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my/our knowledge. I/We understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.	
X		I/We understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.	
Y		I/We understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.	
Z		I/We understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.	