

TRAILER

01/31/90 41

1UR7962

191021689370178B000040200 * 000506

CALIFORNIA

VEH. ID.

10Y2C4521JL008051

LAKE MO.
BERTO UB

YEAR MODEL SHOWN IS BASED ON MANUFACTURER AND DEALER REPRESENTATION

BODY TYPE MODEL

CYLRS.

DATE FIRST SOLD

CLASS

*YR.

CARRIER

00/00/88

BQ

YR MODEL

TYPE VEH.

MP

88

43W

0

DATE ISSUED

02/27/89

AX

WC

2

G

UNLADEN
WEIGHT

07500

TOTAL FEES

\$402

MILES LSG INC

1900 5

400 OCEANGATE STE 1200

LONG BEACH CA 90802

1. Diane Patterson 61819192606
SIGNATURE (S) RELEASES INTEREST IN VEHICLE

(DATE)

UPON SALE, SELLER MUST SUBMIT NOTICE OF TRANSFER (REG. 138)

CERTIFICATE OF OWNERSHIP

TITLE
Upon transfer or
sale, seller must enter
odometer reading here.

LIEN HOLDER

2.

SIGNATURE (S) RELEASES INTEREST IN VEHICLE

DATE

JU

RT
CLK
UT
TOT

1722989

IMPORTANT READ CAREFULLY: ANY CHANGE OF REGISTERED OR LEGAL OWNER MUST BE RECORDED WITH THE DEPARTMENT WITHIN 10 DAYS. THIS CERTIFICATE, THE LATEST REGISTRATION CARD AND TRANSFER FEE MUST BE PRESENTED TO THE DEPARTMENT TO RECORD THE TRANSFER OF OWNERSHIP.

DEALERS RELEASE OF ACQUIRED VEHICLE

DEALER NO. _____ 3. _____
DEALER ONLY 4. _____
NAME(S) OF DEALER(S) AND SIGNATURE OF PERSON SIGNING FOR DEALER(S)
DEALER NO. _____ RELEASE DATE

APPLICATION FOR TRANSFER OF NEW OWNER(S)

(Please type or print)

I/WE REQUEST NEW REGISTRATION AND OWNERSHIP CERTIFICATES TO BE ISSUED AS FOLLOWS

NEW REG- ISTER- ED OWNER NAME	TRUE NAME(S) OF NEW REGISTERED OWNER(S)			PURCHASE DATE
	LAST	FIRST	MIDDLE	
5. A. <input type="checkbox"/> AND <input type="checkbox"/> OR <input type="checkbox"/>	LAST	FIRST	MIDDLE	PURCHASE PRICE
6. <input type="checkbox"/> STREET OR P.O. BOX ADDRESS	CITY	STATE	ZIP CODE	COUNTY CODE
7. A. <input type="checkbox"/> SIGNATURE(S) OF NEW REGISTERED OWNER(S)				
B. NAME OF NEW LIENHOLDER, FIRM OR INDIVIDUAL (LEGAL OWNER OR MORTGAGEE) DO NOT ENTER NAME OF REGISTERED OWNER(S) ABOVE.				
8. <input type="checkbox"/> STREET OR P.O. BOX ADDRESS	CITY	STATE	ZIP CODE	
9. <input type="checkbox"/> ADDRESS OF NEW LESSEE IF DIFFERENT FROM LINE 6 ABOVE (WILL NOT BE PRINTED ON CERTIFICATE OF TITLE)	CITY	STATE	ZIP CODE	
10. <input type="checkbox"/> STREET OR P.O. BOX ADDRESS	CITY	STATE	ZIP CODE	