



AFFIDAVIT STATEMENT OF FACTS NRS 482.245

INSTRUCTIONS

1. All areas must be completed in full, either typed or printed in ink, and the information must correspond with the title or other documentation. Indicate "AND" or "OR" between names if more than one owner. "AND" requires signatures of all owners to release interest in the vehicle.
2. If no liens exist, write the word "NONE" on the "Name of Lienholder" line.
3. This Statement of Facts must be notarized or witnessed by an authorized Nevada DMV representative.
4. Please note any alteration or erasure will require a new form be completed.
5. VIN Inspection is required.

The undersigned states as part of this application to the Department of Motor Vehicles for the issuance of certificates of registration and/or title for the vehicle herein described:

Please print or type

That he/she is the lawful owner of said vehicle described as:

Vehicle Identification Number

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Year _____ Make _____ Model _____ Type _____

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.

Odometer Reading (as shown on apparatus) _____ NO TENTHS

- ☐ 1. The mileage stated is in excess of its mechanical limits.
- ☐ 2. The odometer reading is not the actual mileage. WARNING-ODOMETER DISCREPANCY
- ☐ 3. Exempt- Model year over 20 years old

(Transferor's (Seller) Signature) (Printed Full Legal Name) (NV Driver's License #/ ID # / FEIN)

Transferor's Address _____
Street City State Zip Code

(Transferee's (Buyer) Signature) (Printed Full Legal Name) (NV Driver's License #/ ID # / FEIN)

Transferee's Address _____
Street City State Zip Code

Explain any odometer disclosure errors. _____

Said vehicle was obtained on or about the _____ day of _____, 20_____, in the following manner (list documents presented and how those documents and the vehicle were obtained):

From (previous owner(s)) _____
First Middle Last

At the Address of _____
Address City State Zip Code

How long did the previous owner(s) own this vehicle (if unknown, answer to the best of your ability)?

Years _____ Months _____ Days _____

What happened to the title or other ownership documents? Other comments that will help substantiate ownership:

To the best of the affiant's knowledge and belief, affiant declares that said vehicle was at that time and is now clear and free of any claims, liens, encumbrances upon or against the same or to the affiant's ownership thereof, except a lien incurred by the undersigned, in favor of:

Name of Lienholder NV ELT #

Address _____
Address City State Zip Code

That he/she has good right and lawful authority to request the Department of Motor Vehicles to issue certificates of registration and/or title on said vehicle to: *(Print your full legal name that the new certificates of registration and/or title will read.)*

Full Legal Name: _____ and ☐
First Middle Last or ☐

Nevada Driver's License Number, Identification Card Number, or FEIN for a Business: _____

Physical Address: _____
Address City State Zip Code

Mailing Address: _____
Address City State Zip Code

Full Legal Name: _____
First Middle Last

Nevada Driver's License Number, Identification Card Number, or FEIN for a Business: _____

Physical Address: _____
Address City State Zip Code

Mailing Address: _____
Address City State Zip Code

He/she shall and will assume, fully pay, satisfy and discharge any and all liens, claims or encumbrances disclosed herein or any others that may be shown or proved to be upon or against said vehicle, and indemnify and save harmless said Department of Motor Vehicles and the State of Nevada on account of the issuance of said certificates of registration and/or title on said vehicle to the undersigned, as aforesaid. I/we hereby certify under penalty of perjury that the foregoing is true and correct.

State of Nevada, County of _____

Subscribed and sworn to before me on _____
Date

By _____
Signature of Affiant

Notary Stamp
Notary Public or Authorized DMV Representative

Office Use only Approved by _____ Date _____ Office _____ Phone _____
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