

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 quality 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 IDEN	VEHICLE IDENTIFICATION NUMBER 2 3 4 5 6 7 8 9 10 11 12 13		14	15 16	17			Make		Model	
				13 10	17	Title Number				Plate Number	
INCORPECT DUVER(C) MUCT	60140 15	TE TI US SE	C=10								
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 (provide date)			
LIEN RELEASE FOR INCORRECT BUYER(S) - Must be Notarized											
Secured Party's Name					Subscribed and sworn to before me					The secured Party named no	
				this day of 20 _				20	longer claims a security interest in the vehicle above.		
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										plete 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			State		Zip Code		
IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? YES NO IF YES, COMPLETE SECTION BELOW:											
First Secured Party (Print Name)								R ADDITIONAL SECURED PARTIES, ATTACH MPLETED FORM #PS2017			
Street Address				City			S	State		Zip Code	
ODOMETER DISCLOSURE STATEMENT. I/WE CERTIFY THAT THE ODOMETE					ER DAMAGE DISCLOSURE S MY KNOWLEDGE THIS VI					ATEMENT. TO THE BEST OF	
NOW READS (NO TENTHS) MILES AND TO THE BEST OF MY KNOWLEDGE THE ODOMETER MILEAGE IS:				☐ HAS ☐ HAS NOT (HAS NOT (CI	HECK ONE)	
ACTUAL MILEAGE IN EXCESS OF ODOMETER'S NOT ACTUAL MILEAGE				SUSTAINED DAMAGE IN EX						ESS OF 80 PERCENT ACTUAL	
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] X Date of Purchase											
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				Li	Listed Dealer's Signature						
x x											