

KENTUCKY TRANSPORTATION CABINET
 Division of Motor Vehicle Licensing

TC 96-187E
 0712001

TITLE LIEN STATEMENT

<input type="checkbox"/> ORIGINAL FILING	<input type="checkbox"/> CONTINUATION Original File # _____ Original File Date _____	<input type="checkbox"/> TERMINATION Original File # _____ Original File Date _____
1. Debtor(s) (Last Name First) and Address(es)	2. Secured Party and Address	For Filing Officer (Date, Time, Number and Filing Officer)

4. This Title Lien Statement covers the following:

<u>YEAR MODEL</u>	<u>MAKE</u>	<u>VEHICLE IDENTIFICATION NUMBER</u>	<u>ADDITIONAL DESCRIPTION</u>
-------------------	-------------	--------------------------------------	-------------------------------

 Authentication of Debtor(s)

 Authentication of Secured Party(s)

 Date

 Date

WHITE - FILING OFFICER
 YELLOW - LIEN HOLDER ACKNOWLEDGEMENT
 PINK - DEALER / SECURED PARTY
 GOLDENROD - DEBTOR