

DVHT
DC43864

MISSOURI DEPARTMENT OF REVENUE
TITLE RECORD INFORMATION

MAP: DC43M64
MAPSET: DC43S63

TITLE NO: AY756458 ISSUE DATE: 06/02/1997 BRAND CODE:
TYPE: Original

OWNER INFORMATION

NAME: BOYD DAWN & MICHAEL JR
STREET: 304 VIRGINIA ST
CITY: SIKESTON ST: MO ZIP: 63801-5808
COUNTY: SCOTT

UNIT INFORMATION

YEAR: 91 MAKE: OLDS VIN: 1G3AL54R4M6310284 BODY STYLE: FODOR
MILEAGE: 148777 ODOMETER CD: PURCH DATE: 04/12/1997 N|U: F
CYL: 04 HP: 25 DEALER NO: TAX PAID: \$33.80 EX:

LIEN DATE:

NAME:
STREET:
CITY:
STATE: ZIP CODE:

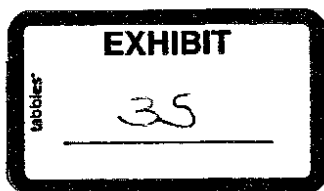
LIEN DATE:

NAME:
STREET:
CITY:
STATE: ZIP CODE:

RECORD 1 OF 1

PF1=PG FWD PF2=PG BWD PF3=MAIN MENU PF4=VIN HIST PF10|PF12=EXIT

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ANY FALSE STATEMENT IN APPLICATION IS A VIOLATION OF THE LAW AND MAY BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (201.420 RSMo)

TRANS TYPE <input type="checkbox"/> GENERAL TRANSFER <input type="checkbox"/> PLATES <input type="checkbox"/> RENEWED PLATES <input checked="" type="checkbox"/> NEW PLATES <input type="checkbox"/> OTHER	APPROPRIATE NO G 2578767	STAPLE HERE BRANCH CODE
LICENSE PLATE SSS DAY		
OFFICE VALIDATION		

PAID MAY - 9 1997 106

MISSOURI DEPARTMENT OF REVENUE
APPLICATION FOR MISSOURI TITLE AND LICENSE

ORIGINAL <input checked="" type="checkbox"/>	Duplicate <input type="checkbox"/>	Non-Resident <input type="checkbox"/>	Permitted <input type="checkbox"/>	Corrected <input type="checkbox"/>	Mechanic Lien <input type="checkbox"/>	Salvage <input type="checkbox"/>	Other <input type="checkbox"/>	Transfer on Death (TOD) <input type="checkbox"/>	Tenants in Common <input type="checkbox"/>
OWNER'S NAME - LAST, FIRST, MIDDLE (ONLY FIRST 38 POSITIONS WILL PRINT ON TITLE) INCLUDING T.O.D. IF BENEFIT APPLICABLE								STREET ADDRESS (R.R. OR P.O. BOX NUMBER)	
Boyd, Dawn + Michael Jr.								304 Virginia	
CITY, STATE, ZIP CODE								S. Reston, MO 63801	
VEHICLE IDENTIFICATION NUMBER								VEHICLE NUMBER	
1G3AL54R4M631C284 Fodor								471-6593	
YEAR MAKE								PRICE	
white G								\$ 800.00	
MILEAGE								REBATE	
148,777								\$	
PURCHASE DATE								VEHICLE TRADE-IN	
04.12.97								\$	
KIND OF VEHICLE								OTHER CREDIT	
P 4 25								\$	
PREVIOUS TITLE NUMBER								NET PRICE	
67104217								\$ 800.00	
STATE								SECOND LIEN	
FL								YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FIRST LIEN								SECOND LIEN DATE	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
NAME								SECOND LIENHOLDER NAME	
1								2	
STREET ADDRESS (R.R. OR P.O. BOX NUMBER)								STREET ADDRESS (R.R. OR P.O. BOX NUMBER)	
CITY, STATE, ZIP CODE								CITY, STATE, ZIP CODE	
TRADE-IN								FEES	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								LICENSE \$ 29.25	
LICENSE TRANSFER								RESERVATION FEE \$	
SIGNATURE OF ONE OWNER IS REQUIRED								ADDITIONAL H.P. (OWNER) \$	
"I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE."								TRANSFER FEE \$	
MO DEALER NUMBER								FAILURE TO TRANSFER \$	
DEALER NAME								RENEWAL PENALTY \$	
CITY, STATE, ZIP CODE								TITLE PENALTY \$	
TELEPHONE NUMBER								TITLE FEE \$ 8.50	
"I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE."								EXPEDITED TITLE FEE \$	
DUPLICATE TITLE ONLY								STATE TAX \$ 3380	
COMPLETE REASON AND NOTARIZE								LOCAL TAX \$ 18	
NOTARY INFORMATION APPLIES TO APPLICANT'S SIGNATURE								TOTAL \$ 84.55	
NOTARY PUBLIC EMBOSSED OR BLACK RUBBER STAMP SEAL									
NOTARY PUBLIC SIGNATURE									
NOTARY PUBLIC NAME (TYPED OR PRINTED)									
BRANCH OFFICE VALIDATION ONLY									
APPROVE <input type="checkbox"/> REJECT <input checked="" type="checkbox"/>									
FILE REFERENCE NUMBER									
1308									
AGENT FEE									
3									

CERTIFICATE OF TITLE

SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.13, FLORIDA STATUTES TITLE TO THE MOTOR VEHICLE DESCRIBED BELOW IS VESTED IN THE OWNER'S NAME HEREIN. THE ORIGINAL CERTIFICATE OF TITLE IS ISSUED FOR SAID MOTOR VEHICLE.

REGISTRATION NUMBER 1G3AL54R4M6310284	VIN 01	MAKE OLDS	MODEL 40	YEAR 2013	TITLE NUMBER 67124217
ODOMETER DATE READ 117000 03/07/95	REV IN FL	COLOR WHI	TYPE PVT	USE	
MILEAGE 000METED - ACTUAL MILEAGE					DATE OF ISSUE 02/16/95

REGISTERED OWNER (LAST NAME FIRST) **SHARP CLINTON A** DATE OF TITLE **08/29/95**
710 1ST STREET
INDIAN ROCKS BCH FL 33785-2604 **DUPLICATE**

LESSOR (NAME OF LENDER) **LOW COST AUTO PAWN** DATE **9/26/94**
7620 PARK BLVD
PINELLAS PARK FL 33701-2923

SECOND LIEN HOLDER **NONE**

DIVISION OF MOTOR VEHICLES
Charles J. Brantle
 CHARLES J. BRANTLE
 DIRECTOR



TAX HASSESSOR **FLORIDA**
 CONTROL NUMBER **A 25831138**

ADDITIONAL LIENS
 DEPARTMENT OF HIGHWAY SAFETY
 AND MOTOR VEHICLES
Fred O. Dickson III
 FRED O. DICKSON III
 EXECUTIVE DIRECTOR

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED.
 BY *Dorothy Dato*
 TITLE *Morgan* DATE *9/05/96*

TRANSFER OF TITLE BY SELLER

ODOMETER CERTIFICATION - Federal and state laws require that you state the mileage in connection with the transfer of ownership. Failure to disclose or providing a false statement may result in fines and/or imprisonment.

This title is warranted and certified to be free from any liens except as noted on the face of this certificate and the motor vehicle described is hereby transferred to
 Purchaser *Dawn + Michael Boyd Jr* Address *304 Virginia S. K. Rd. MD 63801*
 Mile (State that the odometer now reads) *119179* (no further) Selling Price \$ *3700.00* Date Sold *04-12-97*

I, the undersigned, do hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of the mechanical miles.
 Signature of Purchaser *Dawn Boyd* Printed Name of Purchaser *Dawn Boyd*
 Co-Purchaser *Michael Boyd, Jr.* Co-Purchaser *Michael Boyd, Jr.*
 Seller *Clinton A. Sharp* Seller *Clinton A. Sharp*
 Co-Seller _____ Co-Seller _____

Selling Dealer's License Number _____ Tax No. _____ Tax Collected \$ _____
 Auction Name _____ License Number _____

Jay Nixon
GOVERNOR



Alana M. Barragán-Scott
DIRECTOR OF REVENUE

MISSOURI DEPARTMENT OF REVENUE

CERTIFICATION PURSUANT TO § 302.312, RSMo

My name is Tapiwa F. Madondo I am of sound mind and personally acquainted with the facts herein stated:

I am a custodian of records for the Missouri Department of Revenue. Attached hereto are records from the Missouri Department of Revenue. These records are lawfully deposited with the Missouri Department of Revenue in the regular course of business, and it was the regular course of business of the Department of Revenue and/or the reporting agency or entity for an employee or representative of said Department and/or agency or entity with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event condition, opinion or diagnosis. It is further certified pursuant to § 302.312, RSMo, that the records attached hereto are exact duplicates of the original records lawfully filed or deposited with the Department of Revenue by the reporting agency or entity pursuant to the provisions of Chapters 301, 302, 303 and/or 577, RSMo.


Custodian of Records

Certified this 26th day of November, 2010