AFFIDAVIT OF REPOSSESSION

Attach to Certificate of Title



SECRETARY OF STATE BUREAU OF MOTOR VEHICLES DIVISION OF TITLE SERVICES

_			A CHARTER AND	1		
Date:						
I.			of			
(Lien holder)				(Address)		
•	there was due	e from			a valid	
lien		(Debtor)				
dated	(Data of	f Lion)	on the following desc	cribed motor vehicle:		
YEAR	MAKE		VEHICLE IDENTIFICATIO		CERTIFICATE OF TITLE NUMBER	
			,			
I further cer	tify that default	t having been ma	de in the payment of the loa	an that:		
Check One	•	C				
□ The de	htor voluntarily	surrendered the i	possession of this motor vel	nicle to the undersigne	d lienholder on	
	otor voruntarity	surrendered the j		nere to the undersigne		
	(Date)	·				
	•				(Date)	
		er further certifies rd with pertinent 1		herein was lawfully re	epossessed under the terms of the security	
ugreement		ia will pertinent				
	(Nam	e of Lien holder)		(A	Authorized Signature)	
IMPORTAN		,		× ×		
		1 1 4 6	6.4 .44			
 The lien must be released on the face of the title. This form cannot be used to transfer ownership. Transfer ownership on the reverse of the title. 						
THIS FOD	M MUST BE	ΝΩΤΑΡΙΖΕΝ	-	-		
		NUTARIZED				
Before me personally appeared,				\	who by being duly sworn under oath says	
the stateme	nts sat forth she	ave are true and a	arreat Swarn to and subsat	ribad bafara ma at		
the statement			prrect. Sworn to and subscr	ibed before life at,	(City/Town)	
Maine this			day of	. 2	20 .	
			***, **	,,		
				(Sig	gnature of Notary or Attorney)	
		INFOR	MATION ABOUT THE U	SE OF THIS AFFID	AVIT	
This affide	wit is for use b				Ild be completed and signed by an	
			institution and should als		nd be completed and signed by an	
	-	-			wnership to the purchaser in the	
					apled to the Certificate of Title and	
	e purchaser.				-	

A Certificate of Title may not be issued to the vehicle unless *both* the affidavit and the properly released and assigned Certificate of Title are surrendered to the Secretary of State with an application for a new Certificate of Title and the proper fee.