



**SALES TAX DECLARATION AND FEES**

FULL PURCHASE PRICE ..... \$  
 LESS TRADE-IN ALLOWANCE .....  
 NET PURCHASE PRICE .....  
 \_\_\_\_\_% OF NET PURCHASE PRICE .....  
 LESS TAX PAID TO ANOTHER STATE .....  
**NET SALES TAX DUE \$**

REGISTRATION TAX	\$	
PLATE FEE		
ARREARS TAX		
PSV FEE		
TRANSFER TAX		
TITLE/TRANSFER FEE		
SALES TAX		
LATE TRANSFER PENALTY		
SUBTOTAL	\$	
STATE/DEPUTY FILING FEE		
<b>TOTAL DUE</b>	<b>\$</b>	

TRADE-IN WAS A: \_\_\_\_\_  
 MODEL YEAR MAKE PLATE OR VEHICLE IDENTIFICATION NUMBER

I DECLARE THIS TAX EXEMPTION CODE:  
 Minnesota Dealer's License Number: \_\_\_\_\_  
 Minnesota Sales Tax Account Number: \_\_\_\_\_  
 Internal Revenue Code Number (IRC): \_\_\_\_\_  
 IRP Acct Number: \_\_\_\_\_  
 If Leased, Lessee MCDP Number: \_\_\_\_\_

**REASSIGNMENT BY LICENSED DEALER ONLY**

I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS, WARRANT TITLE, AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO (BUYER):

**ODOMETER DISCLOSURE STATEMENT.** I (WE) CERTIFY THAT THE ODOMETER NOW READS \_\_\_\_\_ (NO TENTHS) MILES AND TO THE BEST OF MY KNOWLEDGE THE ODOMETER MILEAGE:

- IS ACTUAL MILEAGE
- EXCEEDS MECHANICAL LIMITS OF ODOMETER
- IS NOT ACTUAL MILEAGE - **WARNING ODOMETER DISCREPANCY**

**DAMAGE DISCLOSURE STATEMENT.** TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE:  
 HAS  HAS NOT (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE.

SELLER'S PRINTED NAME(S) _____	DATE OF SALE _____	BUYER'S PRINTED NAME(S) _____
SELLER'S ADDRESS _____	DEALER'S LICENSE # _____	BUYER'S ADDRESS _____
<b>X</b> SELLER'S SIGNATURE(S) _____		<b>X</b> BUYER'S SIGNATURE(S) _____

**ODOMETER DISCLOSURE STATEMENT.** I (WE) CERTIFY THAT THE ODOMETER NOW READS \_\_\_\_\_ (NO TENTHS) MILES AND TO THE BEST OF MY KNOWLEDGE THE ODOMETER MILEAGE:

- IS ACTUAL MILEAGE
- EXCEEDS MECHANICAL LIMITS OF ODOMETER
- IS NOT ACTUAL MILEAGE - **WARNING ODOMETER DISCREPANCY**

**DAMAGE DISCLOSURE STATEMENT.** TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE:  
 HAS  HAS NOT (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE.

SELLER'S PRINTED NAME(S) _____	DATE OF SALE _____	BUYER'S PRINTED NAME(S) _____
SELLER'S ADDRESS _____	DEALER'S LICENSE # _____	BUYER'S ADDRESS _____
<b>X</b> SELLER'S SIGNATURE(S) _____		<b>X</b> BUYER'S SIGNATURE(S) _____

IMPORTANT - PLEASE READ: ALL INFORMATION COLLECTED THIS APPLICATION IS REQUIRED BY LAW AND IS USED TO IDENTIFY THE MOTOR VEHICLE. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DENIAL OF THE REQUESTED ACTION. EXCEPT FOR CERTAIN USES PERMITTED BY FEDERAL AND STATE LAWS, PERSONAL INFORMATION CONTAINED IN YOUR APPLICATION MAY NOT BE DISCLOSED TO ANYONE WITHOUT YOUR EXPRESS CONSENT. YOU MAY EXPRESSLY CONSENT TO THE DISCLOSURE OF YOUR INFORMATION BY WRITING TO THE FOLLOWING ADDRESS:

MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
 DRIVER AND VEHICLE SERVICES DIVISION  
 445 MINNESOTA STREET, ST. PAUL, MINNESOTA 55101-5187  
 PHONE 651-297-2126 TTY 651-282-6555  
[dvs.dps.mn.gov](http://dvs.dps.mn.gov)

**FOR YOUR PROTECTION**

UPON THE SALE OF A VEHICLE TO A PRIVATE PARTY, IT IS RECOMMENDED THAT THE SELLER AND BUYER TAKE THE COMPLETED TRANSFER TO A DEPUTY REGISTRAR.

**SELLER'S NOTICE OF SALE**

Date of Sale \_\_\_\_\_ Minnesota Purchaser's Driver License Number \_\_\_\_\_  
 Purchaser's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
 DRIVER AND VEHICLE SERVICES  
 445 Minnesota Street  
 Saint Paul, MN 55101-5187  
 Phone: (651) 297-2126  
 Web: dvs.dps.mn.gov

# Notification of Assignment, Release or Grant of Secured Interest

(Instructions on reverse side)

YEAR 2011	MAKE FORD	TYPE	MODEL CB DRW	VEHICLE IDENTIFICATION NUMBER 1FDUF5HTIBED06587	TITLE NUMBER F2IIC0429
OWNER(S) NAME UNIVERSAL SERV INC			SECURED PARTY'S NAME OLD NATIONAL BANK F/K/A ANCHOR BANK NA		
STREET ADDRESS 12151 120TH ST S			STREET ADDRESS 101 NW 4TH ST		
CITY HASTINGS	STATE MN	ZIP CODE 55033	<b>A</b>		
CITY EVANSVILLE	STATE IN	ZIP CODE 47708			
SIGNATURE OF OWNER(S), NECESSARY ONLY WITH GRANT <b>X</b>			SIGNATURE AND TITLE OF AUTHORIZED AGENT <b>X</b> <i>General Commercial Post-Cl Special</i>		

- ASSIGNMENT The secured party named in Section A has assigned his interest to the secured party named in Section B.
  - RELEASE The secured party named in Section A no longer claims a security interest in the vehicle described above. Date of Release 12/16/25
  - GRANT The owner(s) have granted to the secured party named in Section A, a security interest in the vehicle described above.
- Date of Security Agreement \_\_\_\_\_

**--- NOTICE ---**  
**This form must be notarized to release a lien.**

Subscribed and sworn to before me this 16<sup>th</sup> day of December 20 25  
*Kelly A Andrade*  
 NOTARY PUBLIC  
 Lake COUNTY  
 9/23/27  
 MY COMMISSION EXPIRES

<b>B</b>	ASSIGNEE'S NAME, NECESSARY ONLY WITH ASSIGNMENT		
	STREET ADDRESS		
	CITY	STATE	ZIP CODE

OFFICIAL SEAL  
 KELLY A ANDRADE  
 NOTARY PUBLIC, STATE OF ILLINOIS  
 COMMISSION NO. 901592  
 MY COMMISSION EXPIRES SEPTEMBER 23, 2027

