SCAN TRANSACTION NUMBER 537301388

1

CNTY#	AGY#	SUB#	RPT#
15	10	DDN	1573

AUDIT # 145661748

L# 595120
T# 1148296379
B# 548396
S# 77069283

STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL CERTIFICATE OF TITLE

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR.	MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR		WT/LENGTH	GVW/LOC
138492092	IVBC0076D920	2020	IVB		VS			40'	

DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
05 08 20	ORT	VESSEL	FBGLSS	OUTBRD	GAS	OPEN			

Applicant/Owner's Name & Address
CASEY DAVID CROWTHER
6651 NALLE GRADE RD
NORTH FORT MYERS, FL 33917-4611

SEX	BIRTHDATE MO.	DAY	YEAR	RESIDENT Y	N	ALIEN	CNTY RES.#
M	09	02	85	X			18

1st OWNER FL/DL# OR F.E.I.D.# C636104853220

2nd OWNER FL/DL# OR UNIT #

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
6.75	4.00	0.00	10.75

Action Requested: ORIG NEW TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
	04/25/2020	XX		INVINCIBLE BOAT COMPANY	☐

LIEN INFORMATION — DATE OF LIEN — RECEIVED DATE — FEID # OR FL / DL AND SEX AND DATE OF BIRTH — DMV ACCOUNT #

NAME OF FIRST LIENHOLDER:

ADDRESS

SALVAGE TYPE

I, Richie Frederick, Chief, Bureau of Records, Division of Motorist Services, Department of Highway Safety and Motor Vehicles of the State of Florida, do hereby certify that this is a true and correct copy of the motor vehicle or driver license record from the official records on file in the department.

SELLER INFORMATION
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER

ADDRESS

DEALER LICENSE NO.

CONSUMER OR SALES TAX EXEMPTION #

SALES TAX AND USE REPORT

TRANSFER OF TITLE IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED
☐ PURCHASER HOLDS VALID EXEMPTION CERTIFICATE
☐ VEHICLE / VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL
☐ OTHER

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS $

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES $ 0.00

☐ SELLING PRICE VERIFIED

APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.

I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner

Signature of Applicant/Co-Owner

HSMV 82041 REVISED 02/06 SCAN CODE MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.

SCAN TRANSACTION NUMBER 537301392

2

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES – DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL

4/22/2020
(Date)

I/We hereby name and appoint, DBM Marina, LLC dba Sara Bay Marina, to be my/our
(Full Legibly Printed Name is Required)

lawful attorney-in-fact, to act for me/us, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my/our name and sign their name, in my/our behalf. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me/us in as sufficient a manner as I/we myself/ourselves could do, were I/we personally present and signing the same.

With full power of substitution and revocation, I/we hereby ratify and confirm whatever my/our said attorney-in-fact may lawfully do or cause to be done in the virtue hereof.

CHECK ONE: ☐ Motor Vehicle ☐ Mobile Home ☑ Vessel

Year	Make/Manufacturer	Body Type	Title Number
2020	Invincible	VS	

Vehicle/Vessel Identification Number: IVBC0076D920

NOTICE TO OWNER(S): COMPLETE THIS FORM IN ITS ENTIRETY PRIOR TO SIGNING.

UNDER PENALTIES OF PERJURY, I/WE DECLARE THAT I/WE HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

(Signature of Owner "Grantor") Casey Crowther (Legibly Printed Name of Owner "Grantor")

C636104853220 (Driver License, Identification Card or FEID Number for Owner) 9/2/85 (Date of Birth for Owner, if applicable)

6651 Nalle Grade Road (Owner's Address) North Fort Myers (City) FL (State) 33917 (Zip)

(Signature of Co-Owner "Grantor," if applicable) (Legibly Printed Name of Co-Owner "Grantor," if applicable)

(Driver License, Identification Card or FEID Number for Co-Owner) (Date of Birth for Co-Owner, if applicable)

(Co-Owner's Address) (City) (State) (Zip)

This non-secure power of attorney form may be used when an individual or entity appointed as the attorney-in-fact will be completing the odometer disclosure statement as the **buyer only** or the **seller only**. However, this form cannot be used to allow an individual or entity (such as a dealership) to sign as both buyer and seller for the purpose of disclosing the odometer reading. This may be accomplished only with the secure power of attorney (HSMV 82995) when:

(a) the title is physically being held by the lienholder; or

(b) the title is lost.

NOTE: A licensed dealer and his/her employees are considered a single entity.

I, Richie Frederick, Chief, Bureau of Records, Division of Motorist Services, Department of Highway Safety and Motor Vehicles of the State of Florida, do hereby certify that this is a true and correct copy of the motor vehicle or driver license record from the official records on file in the department.

HSMV 82053 (Rev. 12/11) S

EX_152_002

SCAN TRANSACTION NUMBER 537301393

3

INVINCIBLE

BOAT COMPANY

MANUFACTURER'S STATEMENT OF ORIGIN TO A BOAT SOLD IN THE STATE OF FLORIDA

The undersigned manufacturer hereby certifies that the new description below, the property of said manufacturer has been sold this 31ST day of July 2019 on Invoice No. 2542

Dealer's Name: **Invincible Boat Company**

Address: **4700 NW 132 Street**

City, State and zip code: **Opa-Locka, Florida 33054**

Model Year: **2020– 40 OPEN FISHERMAN**
Serial No. of Boat: **IVBC0076D920**

Hull length **40 Ft 0 Inches** Beam **12 Ft 0 Inches**

Hull material: ___Wood ___Aluminum ___Steel **X** Fiberglass ___Other

Type Boat: **X** Outboard ___Inboard ___Sail ___Other

This form shall be presented with application of Florida Title.

The manufacturer certifies that all information given herein is true and accurate to the best of his knowledge.

Firm Name: **Invincible Boat Company**

I, Richie Frederick, Chief, Bureau of Records, Division of Motorist Services, Department of Highway Safety and Motor Vehicles of the State of Florida, do hereby certify that this is a true and correct copy of the motor vehicle or driver license record from the official records on file in the department.

By: _____

Title or Position: Elizabeth Goldberg, Controller

INVINCIBLE

Invincible Boat, Inc. 4700 NW 132 Street, Opa-Locka, FL 33054
Phone: 305-685-2704 Fax: 305-685-2794

EX_152_003

SCAN TRANSACTION NUMBER 537301394

4

FIRST ASSIGNMENT

FOR VALUE RECEIVED, the undersigned hereby transfers this Statement of Origin and the boat described therein
DBM Marina, LLC. Sara Bay Marina
3470 Bayshore Drive
Naples, FL 34112

And certifies that the boat is new and has not been registered in this or any other state.

He also warrants the title of said boat at time of delivery, subject to the liens and encumbrances, if any, as set out below:

Amt. of Lien	Date	To whom Due	Amount

Dated: 7/31/2019
By: [signature]
at 4700 NW 132ND ST
OPA LOCKA, FL 33054

Transferor (firm name) INVINCIBLE BOAT COMPANY
before me personally appeared Elizabeth Goldberg who by me being duly sworn upon oath says that the statements set forth above are true and correct. Subscribed and sworn to before me this 31 day of July 2019

XAMARIS FRANCO
Notary Public – State of Florida
Commission # GG 182846
My Comm. Expires Feb 5, 2022
Bonded through National Notary Assn.

[signature]
Notary Public
Personally Known
Produced Identification
Type

SECOND ASSIGNMENT

FOR VALUE RECEIVED, the undersigned hereby transfers this Statement of Origin and the boat described therein to: Casey David Crowther
Address: 6651 Nalle Grade Road, Fort Myers FL 33917

And certifies that the boat is new and has not been registered in this or any other state.

He also warrants the title of said boat at time of delivery, subject to the liens and encumbrances, if any, as set out below:

Amt. of Lien	Date	To whom Due	Amount

Dated: _____
By: [signature]
at _____

Transferor (firm name) Sara Bay Marina
before me personally appeared Michael Burd who by me being duly sworn upon oath says that the statements set forth above are true and correct.
Subscribed and sworn to before me this 6 day of May, 2020

I, Richie Frederick, Chief, Bureau of Records, Division of Motorist Services, Department of Highway Safety and Motor Vehicles of the State of Florida, do hereby certify that this is a true and correct copy of the motor vehicle or driver license record from the official records on file in the department.

NOTARY PUBLIC STATE OF FLORIDA
AMY NICHOLS
Commission # GG 345787
Expires October 15, 2023
Bonded Thru Budget Notary Services

[signature]
Notary Public
Personally Known
Produced Identification
Type

SCAN TRANSACTION NUMBER 537301389

5

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.flhsmv.gov/offices/

APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

CHECK APPLICATION TYPE: ☑ ORIGINAL ☐ TRANSFER VEHICLE TYPE: ☐ MOTOR VEHICLE ☐ MOBILE HOME ☑ VESSEL OFF-HIGHWAY VEHICLE: ☐ ATV ☐ ROV ☐ MC

1 OWNER / APPLICANT INFORMATION

Customer Number	Do you want the certificate of title to remain electronic?	Owner	Co-Owner	Unit Number	Fleet Number
05030	☐ yes ☑ no	Are you a Florida resident? ☑ yes ☐ no Are you an alien? ☐ yes ☑ no	☐ yes ☑ no ☐ yes ☐ no	01890	

☑ OR ☐ AND NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and."
If applicable: ☐ Life Estate/Remainder Person ☐ Tenancy By the Entirety ☐ With Rights of Survivorship ☐ Owner's County of Residence: _____

Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Owner's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Casey Crowther	casey@targetroofers.com	9/2/1985	M	C636104853220
Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Co-Owner's/Lessee's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #

Owner's Mailing Address (Mandatory)	City	State	Zip
6651 Nalle Grade Road	North Fort Myers	FL	33917
Co-Owner's/Lessee's Mailing Address (Mandatory)	City	State	Zip
Owner's/Lessee's Physical Street Address in Florida (Mandatory)	City	State	Zip
6651 Nalle Grade Road	North Fort Myers	FL	33917
Mobile Home Physical Address (If applicable) Check if in a mobile home rental park with 10 or more lots. ☐	City	State	Zip
Mail To Customer Name (If different From Above Owner)	Mail To Customer's Email Address / Date of Birth / Sex	FL Driver License or FEID/Suffix #		
Mail To Customer Address (If different From Above Mailing Address)	City	State	Zip

2 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION

Vehicle/Vessel Identification Number	Make/Manufacturer	Year	Body	Color	Florida Title Number
IVBC0076D920	Invincible	2020	VS	Ethereal Blue	

Previous State of Issue	License Plate or Vessel Registration Number	Weight	Length FL 40 In.	BHP/CC	GVW/LOC	VAN USE, IF APPLICABLE
						☐ PASSENGER ☐ OTHER

TYPE
☑ Open Motorboat ☐ Houseboat ☐ Personal Watercraft
☐ Cabin Motorboat ☐ Pontoon ☐ Canoe
☐ Auxiliary Sailboat ☐ Airboat ☐ Other _____ Specify
☐ Inflatable ☐ Sailboat

HULL MATERIAL
☐ Wood ☐ Aluminum
☑ Fiberglass ☐ Steel
☐ Wood/Fiberglass
☐ Other _____ Specify

PROPULSION
☑ Outboard ☐ Sail
☐ Inboard ☐ Air Propelled
☐ Inboard/Outboard
☐ Other _____ Specify

FUEL
☑ Gas
☐ Diesel
☐ Electric
☐ Other _____ Specify

***DRAFT OF VESSEL** (The depth of water a vessel draws)
FT. _____ IN. _____
*For all vessels 26' or more in length and all sailboats

USE OF VESSEL
☑ Recreational (Pleasure) ☐ Commercial Blue Crab ☐ Commercial Stone Crab ☐ Government ☐ Commercial Sponge
☐ Dealer/Manuf. ☐ Commercial Fish ☐ Commercial Live Bait ☐ Commercial Shrimp Recip. ☐ Commercial Charter ☐ Commercial Other _____
☐ Exempt ☐ Hire (Livery) ☐ Commercial Mackerel ☐ Commercial Shrimp Non-Recip. ☐ Commercial Oyster ☐ Commercial Spiney Lobster

PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:

Previously Federally Documented Vessel, Attach Copy of:
☐ U.S. Coast Guard Release From Documentation Form; or ☐ Copy of Canceled Documentation Papers

State of Principal Use: FL

3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)

☐ SHORT TERM LEASE ☐ LONG TERM LEASE ☐ REBUILT ☐ POLICE VEHICLE ☑ PRIVATE USE ☐ TAXI CAB ☐ FLOOD VEHICLE ☐ ILEV VEHICLE
☐ ASSEMBLED FROM PARTS ☐ REPLICA ☐ KIT CAR ☐ GLIDER KIT ☐ MANUFACTURER'S BUY BACK ☐ ELECTRIC VEHICLE

4 LIENHOLDER INFORMATION

CHECK IF ELT CUSTOMER ☐ ☐ FEID # ☐ DL # and Sex and Date of Birth ☐ DMV Account #

Date of Lien	Lienholder's Name

Lienholder's Email Address	Lienholder's Address	City	State	Zip

☐ If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____
(Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder. (Signature of Lienholder's Representative)

I, Richie Frederick, Chief, Bureau of Records, Division of Motorist Services, Department of Highway Safety and Motor Vehicles, of the State of Florida, do hereby certify that this is a true and correct copy of the motor vehicle or driver license record from the official records on file in

5 TRANSFER TYPE

IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?
☑ SALE ☐ GIFT ☐ REPOSSESSION ☐ COURT ORDER ☐ OTHER (SPECIFY) _____ DATE ACQUIRED 04 /25 /2020

6 ODOMETER DECLARATION

WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

I/WE STATE THAT THIS ☑ 5 OR ☐ 6 DIGIT ODOMETER NOW READS ☐☐☐,☐☐☐ .XX (NO TENTHS) MILES, DATE READ ____/____/_____ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:

☐ 1. REFLECTS ACTUAL MILEAGE. ☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. IS NOT THE ACTUAL MILEAGE.

7 DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)

FLORIDA SALES TAX REGISTRATION NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX	DEALER / AGENT SIGNATURE
21-8017091364-8	04/25/2020	Dealer	18,050.00	

YEAR OF TRADE IN	MAKE OF TRADE IN	TITLE NUMBER OF TRADE IN (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER OF TRADE IN

SCAN TRANSACTION NUMBER 537301390

6

8 MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER (VIN) (OR THE MOTOR NUMBER FOR MOTOR VEHICLES MANUFACTURED PRIOR TO 1955) OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be. IVBC0076D920 (Vehicle Identification Number)

DATE _____ SIGNATURE _____ Casey Crowther PRINTED NAME

Law Enforcement Officer or Florida Dealer/Agency Name _____ Badge # or Florida Dealer # _____ Notary Stamp or Seal

FL DMV/Tax Collector Employee _____ Florida Compliance Examiner/Inspector Badge or ID Number _____

COMMISSIONED NAME OF FLORIDA NOTARY: _____ (Print, Type or Stamp) NOTARY'S SIGNATURE _____

9 SALES TAX EXEMPTION CERTIFICATION

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, BY:

☐ PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE _____ CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER

☐ MOTOR VEHICLE ☐ MOBILE HOME ☐ VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL _____ SALES TAX REGISTRATION NUMBER

I hereby certify that ownership of the motor vehicle, mobile home or vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason: ☐ INHERITANCE ☐ GIFT

☐ DIVORCE DECREE ☐ TRANSFER BETWEEN HUSBAND AND WIFE ☐ EVEN TRADE OR TRADE DOWN (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address, below under "Other: Explain.")

☐ OTHER: (EXPLAIN) _____

10 REPOSSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

☐ I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.
☐ (VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.
☐ I AM REQUESTING THAT AN ORIGINAL CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME IN LIEU OF A TITLE (REPOSSESSION).
☐ I AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME, AS THE ORIGINAL HAS BEEN LOST OR DESTROYED.

11 NON-USE AND OTHER CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

☐ I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.
☐ THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE UNTIL PROPERLY REGISTERED.
☐ THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE UNTIL PROPERLY REGISTERED.
☐ OTHER: (EXPLAIN) _____

I, Richie Frederick, Chief, Bureau of Records, Division of Motorist Services, Department of Highway Safety and Motor Vehicles of the State of Florida, do hereby certify that this is a true and correct copy of the motor vehicle or driver license record from the official records on file in the department.

12 APPLICATION ATTESTMENT AND SIGNATURES

I/WE PHYSICALLY INSPECTED THE ODOMETER/VIN AND FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. (More than one form HSMV 82040 may be used for additional signatures.)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

_____ _____ SIGNATURE OF APPLICANT (OWNER) Date

_____ SIGNATURE OF APPLICANT (CO-OWNER) Date

13 RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s) state(s) as follows: That _____ (Name of Deceased) died on _____ (Date).

☐ testate (with a will) ☐ intestate (without a will) and left the surviving heir(s) named below.
☐ When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.
(More than one form HSMV 82040 may be used for additional signatures.)

Print or Type Name of Spouse, Co-owner or Heir(s) | Signature of Spouse, Co-Owner or Heir(s)

_____ _____
_____ _____
_____ _____

That at the time of death the decedent was owner of the motor vehicle, mobile home or vessel described in section 2 of this form. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), or otherwise to the aforesaid motor vehicle, mobile home or vessel to:

_____
Name of Applicant(s) (Print or Type)

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO A LOCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR PROCESSING.

Check your local phone book government pages or visit the following website for current mailing addresses: http://www.flhsmv.gov/offices/