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| **INSTRUCTIONS:** Attach this form to the title application documents and deliver to the County Clerk‘s office in your county of residence. County Clerk information may be accessed at <https://drive.ky.gov/Pages/County-clerks.aspx>. |
| The affiant, |       | states that he or she is |       |  |
|  |  |  |  |  |  |  |  |  |  | *Title (President, Secretary, etc.)* |  |
| of |       | of |       | , |       | , |
|  | *Name of Insurance Company* |  | *City*  |  | *County* |  |
| Kentucky, and that on the |       | day of |       | 20 |       |  |       |  |
|  |  |  |  |  |  |  |  |  |  | *Month* |  | *Year* |  | *Current Owner/Lienholder* |  |
| received full claim settlement on this vehicle |       |  |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  | *Make of Vehicle* |  | *Type of Vehicle (car, trailer, etc.)* |  |
| bearing Serial or Identification No. |       | VIN No. |       | Year |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Model |       |  | Body Style |       |  | Odometer reading |       | . |
|  |  |  |  |  |  |  | (*sedan, coupe, etc.*) |  |  |  |  |  |  | (*required on all transfers*) |
| Further, affiant states that he or she is aware of and has fully complied with all applicable requirements set forth in KRS 186A.190(4). |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| This AFFIDAVIT is made for the purpose of obtaining a certificate of title on said vehicle pursuant to KRS 186A.190 and KRS 186A.520 and the affiant further states that he/she is duly authorized to sign this affidavit for and on behalf of insurance company. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | *Signature of Affiant* |  |  |  |  | *Date* |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Subscribed and sworn to before me by |  |  |
|  |  |  |  |  |  |  |  |  |  | *Printed Name of Affiant* |  |
| this |  | day of |  | 20 |  |  |  |  |
|  |  |  |  | *Month* |  | *Year* |  | *Signature of Person Administering Oath* |  |
| My commission #: |  |  |  |  |
| My commission expires |  | / |  | / |  |  | *Title* |  |
|  |  |  |  |  |  | *MM* |  | *DD* |  | *YYYY* |  |  |  |

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