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| **MAIL TO**: PO BOX 2014, Frankfort, KY 40622-2014 |
| **FAX TO:** 502-564-0471 |
| **SECTION 1: REQUIREMENTS** |
| Persons requesting removal of a title from Archive must meet the following requirements: |
| 1. | Submit a completed *Affidavit to Remove Title from Archive*. |
| 2. | The person making the request MUST be the owner of the vehicle being pulled from Archive. |
|  |  |
| 3. | If the owner of record is deceased, the executor of the estate can make the request if a copy of court documentation is provided or a request is made to the judge for an order to dispense. |
|  |
| 4. | If someone other than the owner of record makes a request, a court order is required.  |
| 5. | The customer must be willing to pay five years of back taxes at the time the vehicle is pulled from Archive. |
| **SECTION 2: ATTESTATION AND SIGNATURES** |
| I, |       | , hereby certify that I am the owner of record of the |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| described vehicle. |       |  |       |  |       |
|  |  |  |  |  | Year |  | Make |  | Vehicle Identification # (VIN) |
| I am requesting the above described vehicle to be removed from Archive. By signing below, I agree to pay five yearsback taxes. |
|  |  |  |
| **SIGNATURE (OWNER ONE)/EXECUTOR** |  | **SIGNATURE (OWNER TWO)/EXECUTOR** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Subscribed and attested before me on this date |  | / |  | / |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | DD |  | MM |  | YYYY |  |  |  |  |  |  |
|  | My commission expires |  | / |  | / |  | . |
| Attesting Official or Notary Signature |  |  |  |  |  |  | MM |  | DD |  | YYYY |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | My commission #: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SECTION 3: CLERK INFORMATION** |
| **CLERK NAME**      | **COUNTY**      | **PHONE NUMBER**      |
|  |  |  |  |  |  |  |  |  |  |
|  | **CLERK SIGNATURE** |  | **DATE** |  |  |  |  |  |  |

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