



AFFIDAVIT TO REMOVE TITLE FROM ARCHIVE

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 years back taxes.

SIGNATURE (OWNER ONE)/EXECUTOR

SIGNATURE (OWNER TWO)/EXECUTOR

Subscribed and attested before me on this date _____ / _____ / _____
 DD MM YYYY

My commission expires _____ / _____ / _____
 MM DD YYYY

 Attesting Official or Notary Signature

My commission #: _____

SECTION 3: CLERK INFORMATION

CLERK NAME

COUNTY

PHONE NUMBER

 CLERK SIGNATURE

 DATE