

STATE OF INDIANA  
CERTIFICATE OF TITLE FOR A VEHICLE

MAKE: AUSTIN HEALEY  
MODEL NAME: 100-6  
YEAR: 1958  
VIN: BN4L045939  
TITLE TYPE: NORMAL  
FORMER TITLE/STATE: 82077099099/IN  
PURCHASE DATE: 05/02/82  
BODY TYPE: CN

USAGE TAX PAID: \$0.00  
ISSUE DATE: 10/26/13  
ODOMETER/ACTUAL: 034000

OWNER(S) NAME: [REDACTED]  
6101 W 500 S  
WESTPOINT IN 479929242

MAILING ADDRESS: [REDACTED]  
6101 W 500 S  
WESTPOINT IN 479929242

SECOND LIENHOLDER

ADDITIONAL OWNER(S)

LIEN RELEASED BY:

PRINTED NAME: TRIMD LIENHOLDER  
POSITION: TRIMD LIENHOLDER  
U.S. CUSTOMS AND BORDER PROTECTION  
NEW YORK/NEWARK  
DATE: 11/23/11  
1-2 X 456789

FIRST LIENHOLDER

LIEN RELEASED BY:

PRINTED NAME: [REDACTED]  
POSITION: [REDACTED]

DATE: [REDACTED]

INDIANA BUREAU OF MOTOR VEHICLES  
R. Scott Waddell, Commissioner  
TITLE NUMBER: 13377206000056

NOT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS

STATE OF INDIANA • APPLICATION FOR CERTIFICATE OF TITLE • BUREAU OF MOTOR VEHICLES

TITLE NUMBER: 82077099  
BRANCH NO: 077  
BRANCH INVOICE NO: 447 3513  
SOCIAL SECURITY OR FEDERAL ID NUMBER: [REDACTED]  
APPLICANT'S NAME OR FEDERAL ID ABBREVIATION: [REDACTED]  
CITY: [REDACTED]  
STATE: IN  
ZIP CODE: 34000  
STREET ADDRESS: 5964 ST RD 26 E  
VEHICLE I.D. NUMBER: LAFAYETTE  
VEH. YEAR: 58  
VEH. MODEL NO: CN  
VEH. TYPE: BVAL  
FORMER TITLE NUMBER: 81241192031  
PURCHASE DATE: 050282  
LIEN: 0  
DEALER NO: NONE  
STREET ADDRESS OR FEDERAL I.D. NUMBER: [REDACTED]

CITY: [REDACTED]  
STATE: IN  
ZIP CODE: 47905  
STREET ADDRESS OR FEDERAL I.D. NUMBER: [REDACTED]  
LICENSE NUMBER: 79F8998  
FORM S SIGNED: N  
ODOMETER: 34000

TITLE NUMBER: [REDACTED]  
BRANCH INVOICE NO: [REDACTED]  
SOCIAL SECURITY OR FEDERAL ID NUMBER: [REDACTED]  
APPLICANT'S NAME OR FEDERAL I.D. ABBREVIATION: [REDACTED]  
CITY: [REDACTED]  
STATE: IN  
ZIP CODE: [REDACTED]  
STREET ADDRESS: [REDACTED]

VEH. MAKE: [REDACTED]  
VEHICLE I.D. NUMBER: [REDACTED]  
VEH. YEAR: [REDACTED]  
VEH. TYPE: [REDACTED]  
VEH. MODEL NO: [REDACTED]  
FORMER TITLE NUMBER: [REDACTED]  
PURCHASE DATE: [REDACTED]  
LIEN: [REDACTED]  
WFRS: [REDACTED]  
DEALER NO: [REDACTED]  
STREET ADDRESS OR FEDERAL I.D. NUMBER: [REDACTED]

CITY: [REDACTED]  
STATE: IN  
ZIP CODE: [REDACTED]  
STREET ADDRESS OR FEDERAL I.D. NUMBER: [REDACTED]  
CITY: [REDACTED]  
STATE: IN  
ZIP CODE: [REDACTED]  
STREET ADDRESS OR FEDERAL I.D. NUMBER: [REDACTED]

PLATE NUMBER: [REDACTED]  
VEHICLE MODEL: [REDACTED]  
VEHICLE I.D. NUMBER: [REDACTED]  
COUNTY: [REDACTED]  
STICKER NO ON WEIGHT: [REDACTED]  
EXPIRATION DATE: [REDACTED]

VEHICLE COLOR: [REDACTED]  
PRIOR YEAR EXCISE TAX: [REDACTED]  
EXCISE TAX PAID: [REDACTED]  
PRIOR YEAR EXCISE TAX: [REDACTED]  
EXCISE TAX CREDIT: [REDACTED]  
EXCISE TAX PAID: [REDACTED]

VEHICLE PURCHASE: [REDACTED]  
VEHICLE PURCHASE DATE: [REDACTED]  
DISABLED VET TAX CREDIT: [REDACTED]  
REGISTRATION FEE: [REDACTED]  
TOTAL AMT PAID: [REDACTED]

PLATE MUST BE PURCHASED IN COUNTY OF CURRENT LEGAL ADDRESS  
AL TAX MAY BE DUE IF ERROR HAS BEEN MADE  
REMOVE THIS REGISTRATION FROM VEHICLE UPON SELLING. AS IT MAY BE SUBMITTED WITH YOUR APPLICATION FOR TRANSFER, THERE IS A PENALTY FOR FAILURE TO TRANSFER TITLE WITHIN TEN DAYS. NOTIFY BUREAU OF MOTOR VEHICLES OF ANY CHANGE OF ADDRESS DURING THE YEAR. INCLUDE LICENSE NUMBER.  
OWNER'S COPY IF EXCISE TAX PAID  
STATE OF INDIANA CERTIFICATE OF REGISTRATION BUREAU OF MOTOR VEHICLES

STATE OF INDIANA • APPLICANT'S RECEIPT  
OFFICER'S SIGNATURE: [REDACTED]  
OFFICER'S TITLE: [REDACTED]