

Your liability for this vehicle may not be released if you submit illegible or incomplete information.
 PRINT YOUR CHARACTERS IN CAPITAL LETTERS USING BLACK OR BLUE INK-READ INSTRUCTIONS ON REVERSE SIDE.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

DMV MICROGRAPHICS USE ONLY

NOTICE OF RELEASE OF LIABILITY
 MAIL THIS FORM TO DMV

A. BUYER'S TRUE FULL NAME (LAST) (FIRST) (MIDDLE) B. IF DEALER, CHECK BELOW

C. BUYER'S ADDRESS D. ODOMETER READING
 _____, _____

E. CITY STATE ZIP CODE F. DATE OF SALE
 _____ MO. DAY YR.

G. SELLER'S TRUE FULL NAME (LAST) (FIRST) (MIDDLE)

H. SELLER'S ADDRESS I. SELLING PRICE

J. CITY STATE ZIP CODE K. SELLER'S SIGNATURE
 _____ X

VEHICLE ID NUMBER YR MODEL MAKE PLATE NUMBER
CS055 52 SIATA MMSIATA

REG. 138A (REV. 10/96)

DO NOT DETACH UNTIL SOLD

STATE OF CALIFORNIA
 CERTIFICATE OF TITLE

54897031439

AUTOMOBILE

VEHICLE ID NUMBER
CS055
 BODY TYPE MODEL
CP

YR MODEL MAKE
52 SIATA
 AX UNLADEN WEIGHT FUEL TRANSFER DATE FEES PAID
G 6 \$7
 YR 1ST SOLD CLASS *YR MO EQUIPMT/TRUST NUMBER
52 AW CP
 ODOMETER DATE ODOMETER READING
00/00/0000

PLATE NUMBER
MMSIATA
 REGISTRATION EXPIRATION DATE
07/24/97
 ISSUE DATE
03/26/97

MOTORCYCLE ENGINE NUMBER

REGISTERED OWNER(S)
KOLMANN KNUTE ECKHARD
743 SHELL BLVD 203E
FOSTER CITY CA 94404

I certify under penalty of perjury under the laws of the State of California, that THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.

1a. _____ DATE X Knut Eckhard SIGNATURE OF REGISTERED OWNER
 1b. _____ DATE X SIGNATURE OF REGISTERED OWNER

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

The odometer now reads _____, _____ (no tenths), miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked.

WARNING Odometer reading is not the actual mileage. Mileage exceeds the odometer mechanical limits.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	TRANSFEROR/SELLER SIGNATURE(S) X	DATE	TRANSFeree/BUYER SIGNATURE(S) X
PRINTED NAME OF AGENT SIGNING FOR A COMPANY		PRINTED NAME OF AGENT SIGNING FOR A COMPANY	

IMPORTANT READ CAREFULLY

Any change of Lienholder (holder of security interest) must be reported to the Department of Motor Vehicles within 10 days.

LIENHOLDER(S)

2. X
 Signature releases interest in vehicle. (Company names must be countersigned)
 Release Date _____

CA 24107644

009813

REG. 17.30 (REV. 10/96)

KEEP IN A SAFE PLACE - VOID IF ALTERED

IMPORTANT NOTICE - DO NOT DETACH UNTIL SOLD

INSTRUCTIONS FOR COMPLETING NOTICE OF RELEASE OF LIABILITY

You are required by law to immediately notify the Department of Motor Vehicles when you sell or otherwise dispose of a vehicle or vessel. This form is provided for use in reporting the sale or transfer to the Department and does not constitute application for transfer of ownership (title).

TO REMOVE YOUR NAME FROM DMV'S RECORDS, THE NEW BUYER MUST APPLY FOR TRANSFER USING THE ENDORSED CERTIFICATE OF OWNERSHIP (TITLE) RECEIVED FROM YOU.

When the information contained in this form is recorded by DMV (see **WARNING** below), liability for parking and/or traffic violations and civil litigation resulting from operation after the date of sale becomes the responsibility of the subsequent purchaser(s).

WARNING: ANY INCOMPLETE, INACCURATE OR ILLEGIBLE INFORMATION WILL PREVENT THE RECORDING OF THE INFORMATION CONTAINED IN THE NOTICE.

THIS FORM IS FOR REGISTERED OWNER TRANSFERS ONLY. DO NOT SUBMIT FOR LIENHOLDER (LEGAL OWNER) TRANSFERS.

- (A) Print name(s) of buyer.
- (B) If buyer is a dealer, check box.
- (C) Print buyer's street address.
- (D) Enter odometer reading at the time of sale (vehicles only).
- (E) Print buyer's city, state, and ZIP code.
- (F) Enter date you sold or transferred the described vehicle or vessel.
- (G) Print your name.
- (H) Print your street address.
- (I) Enter selling price. If a vehicle/vessel is a gift, show "0".
- (J) Print your city, state, and ZIP code.
- (K) Sign your name where designated.

MAIL COMPLETED NOTICE TO: DEPARTMENT OF MOTOR VEHICLES, P.O. BOX 942859, SACRAMENTO, CA 94259-0001.

APPLICATION FOR TRANSFER BY NEW OWNER (Please print or type.)

Any change of registered owner or lienholder must be recorded with the Department of Motor Vehicles (DMV) within ten (10) days. The title, transfer fee and in most instances, use tax and a smog certificate must be presented to DMV to record the ownership change.

3a. TRUE FULL NAME(S) OF NEW REGISTERED OWNER(S) (LAST, FIRST, MIDDLE) AS IT APPEARS ON DRIVER'S LICENSE OR I.D. CARD

3b. AND (LAST, FIRST, MIDDLE) OR

4. STREET ADDRESS OR P.O. BOX NUMBER

5. CITY STATE ZIP CODE

6. MAILING ADDRESS STREET OR P.O. BOX NUMBER (DO NOT COMPLETE IF SAME AS RESIDENCE ABOVE) STATE ZIP CODE

7. CITY STATE ZIP CODE

8. FOR TRAILER COACHES ONLY - ADDRESS OR LOCATION WHERE KEPT

I certify under penalty of perjury under the laws of the State of California that the information entered by me on this document is true and correct. If there is a mailing address entered on this form, it is a valid, existing and accurate address. I consent to receive service of process at this mailing address pursuant to Civil Procedures Code Sections 415.20(b), 415.30(a) and 416.90.

9a. DATE SIGNATURE OF NEW REGISTERED OWNER CALIFORNIA DRIVER LICENSE OR ID CARD NO. PURCHASE DATE

9b. DATE SIGNATURE OF NEW REGISTERED OWNER CALIFORNIA DRIVER LICENSE OR ID CARD NO. PURCHASE PRICE OR IF GIFT, SO STATE

10. ADDRESS OF NEW LESSEE IF DIFFERENT FROM LINE 4 ABOVE (WILL NOT BE PRINTED ON TITLE)

11. NAME OF LIENHOLDER - FIRM OR INDIVIDUAL HOLDING SECURITY INTEREST (IF NO LIEN, WRITE "NONE") DO NOT ENTER NAME OF REGISTERED OWNER(S) ABOVE ELECTRONIC LIENHOLDER ID #

12. STREET ADDRESS OR P.O. BOX NUMBER

13. CITY STATE ZIP CODE

TITLE REASSIGNMENTS BY LICENSED CALIFORNIA DEALERS

FEDERAL LAW REQUIRES that you state the mileage upon transfer of ownership. Failure to complete or making a false statement may result in fines and / or imprisonment. I certify under penalty of perjury under the laws of the State of California that the signature below releases my interest in this vehicle, acknowledges the odometer mileage recorded by the seller, and certifies that the odometer reading entered above my signature (in compliance with Federal law) and the other information entered by me on this document are true and correct.

14. Odometer now reads: () () () () (no tenths) miles, and to the best of my knowledge reflects the actual mileage of the vehicle unless one of the following statements is checked. **WARNING** - Mileage is not the actual mileage. exceeds the odometer mechanical limits. R/S NUMBER

DATE SIGNATURE OF AUTHORIZED AGENT PRINTED NAME OF AGENT DEALER NAME DEALER NUMBER

DATE BUYER'S SIGNATURE, ACKNOWLEDGES ODOMETER READING PRINTED NAME OF BUYER OR AGENT SALES PERSON'S NO.

15. Odometer now reads: () () () () (no tenths) miles, and to the best of my knowledge reflects the actual mileage of the vehicle unless one of the following statements is checked. **WARNING** - Mileage is not the actual mileage. exceeds the odometer mechanical limits. R/S NUMBER

DATE SIGNATURE OF AUTHORIZED AGENT PRINTED NAME OF AGENT DEALER NAME DEALER NUMBER

DATE BUYER'S SIGNATURE, ACKNOWLEDGES ODOMETER READING PRINTED NAME OF BUYER OR AGENT SALES PERSON'S NO.

16. Odometer now reads: () () () () (no tenths) miles, and to the best of my knowledge reflects the actual mileage of the vehicle unless one of the following statements is checked. **WARNING** - Mileage is not the actual mileage. exceeds the odometer mechanical limits. R/S NUMBER

DATE SIGNATURE OF AUTHORIZED AGENT PRINTED NAME OF AGENT DEALER NAME DEALER NUMBER

DATE BUYER'S SIGNATURE, ACKNOWLEDGES ODOMETER READING PRINTED NAME OF BUYER OR AGENT SALES PERSON'S NO.

AUTO VALID 07/24/96 - 07/24/97 69
548031497390025K000000700 * 002746

TYPE LICENSE NUMBER

MMSIATA

VEH ID

CS055

MAKE	MO
SIATA	CP

YEAR MODEL SHOWN IS BASED ON MANUFACTURER AND DEALER REPRESENTATION

CP

BODY TYPE MODEL

CYLS.

DATE FIRST SOLD

CLASS

*YR.

YR. MODEL

TYPE VEH.

MP

00/00/52

AW

52

120

G

DATE ISSUED
03/26/97

USE TAX
OR PARK BAIL

AX

WC

UNLADEN
WEIGHT

TOTAL FEES

\$7

4100 5

REGISTERED OWNER

KOLMANN KNUTE ECKHARD
743 SHELL BLVD 203E
FOSTER CITY CA 94404

LIENHOLDER

LEGALOWNER

J
V

2714848

READ REVERSE SIDE-IMPORTANT INSTRUCTIONS

REGISTERED OWNER - PLEASE NOTE

1. The date your registration expires is indicated on the top line of the face of this card. If you do not receive a renewal notice, use this form to pay your renewal fees or to notify the Department of the non-operational status of a stored vehicle(\$5). You must do this on or before the vehicle expiration date or the following penalties will be due:
 - For a period of one to ten days late, 10% of the fees due for that year
 - For a period of eleven to thirty days late, 20% of the fees due for that year
 - For a period of thirty one days to one year late, 60% of the fees due for that year
 - For a period of more than one year, up to the including two years late, 80% of the fees due for that year
 - For a period of more that two years late, 160% of the fees due for that year.
2. If you are cited for not registering a vehicle, the court may impose a \$60 to &250 fine.

This card or facsimile copy is to be kept in the vehicle for which issued. It need not be displayed Present it to any peace officer upon demand.

3. IMMEDIATELY notify DMV in person or by mail on the proper DMV forms when:
 - a. you CHANGE YOUR ADDRESS
 - b. you SELL YOUR VEHICLE
 - c. you are INVOLVED IN AN ACCIDENT (whether or not it was your fault) when there was over \$500 damage or any bodily injury or death.
4. When writing to DMV, always give your full name, present address, and the vehicle make, license and identification numbers.

IMPORTANT: California law requires that every driver or owner of a vehicle shall at all times maintain automobile liability insurance or another form of financial responsibility. The space below is provided for your vehicle insurance information.

Insurance Co. Name _____

Policy Number _____