BILL OF SALE State Form 44237 (R5 / 4-21) INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS: 1. Complete in blue or black ink or print form.

	VEHICLE OR WATERCRAFT INFORMATION																
Vehicle or Hull Identification Number															1		
Year						Make							Model				
					of Princip	pal Operati	on	(14	Registration Number (If applicable, watercraft only)				Date of Issuance (mm/dd/yyyy) (Watercraft only)				
(watercraft offig)				(Water Graft Griff)				(II applicable, watercraft offly)					(vvaleroral only)				
Propulsion Type (Please check one, watercraft only)																	
											Wate	ater Jet					
SALE INFORMATION																	
Purcha	se Pric	е						D	ate of Sale	e (mm/do	d/yyyy)						
sale p seller	I do hereby sell, transfer and convey all rights for the above vehicle / watercraft to the purchaser in consideration of the sale payment amount. I certify that the vehicle / watercraft is not subject to any liens that are the responsibility of the seller. I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.																
Signature of Seller													Date (mm/dd/yyyy)				
Printed Name of Seller (last, first, middle initial or company name)																	
Signature of Seller													Date (mm/dd/yyyy)				
Printed Name of Seller (last, first, middle initial or company name)																	
Address of Seller (number and street)																	
City State													ZIP Code				
l unde	I swear or affirm that the information entered on this form is correct. I understand that making a false statement may constitute the crime of perjury. I understand that this Bill of Sale may serve as a temporary certificate of number for a watercraft. This temporary certificate of number is valid for a period of time not to exceed forty-five (45) days from the date of sale contained within this form.																
Signature of Purchaser													Date (mm/dd/yyyy)				
Printed	l Name	of Purcha	ser (last,	first, midd	dle initial	or compar	ny name	e)									
Signature of Purchaser													Date (mm/dd/yyyy)				
Printed	l Name	of Purcha	ser (last,	first, midd	dle initial	or compar	ny name	e)									
Addres	ss of Pu	rchaser <i>(r</i>	number ai	nd street)													
City								S	State				ZIP Code				