**BILL OF SALE**

State Form 44237 (R4 / 7-17)

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 | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  |
| Year | | | | Make | | | | | | Model | | | | | Registration Number  (*If applicable,* *watercraft only*) | | | |
|  | | | |  | | | | | |  | | | | |  | | | |
| **SALE INFORMATION** | | | | | | | | | | | | | | | | | | |
| Purchase Price | | | | | | | | | Date of Sale (*mm/dd/yyyy)* | | | | | | | | | |
| **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 | | | | |
| **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.** | | | | | | | | | | | | | | | | | | |
| Signature of Purchaser | | | | | | | | | | | | | | Date *(mm/dd/yyyy)* | | | | |
| Printed Name of Purchaser *(last, first, middle initial or company name)* | | | | | | | | | | | | | | | | | | |
| Signature of Purchaser | | | | | | | | | | | | | | Date *(mm/dd/yyyy)* | | | | |
| Printed Name of Purchaser *(last, first, middle initial or company name)* | | | | | | | | | | | | | | | | | | |
| Address of Purchaser *(number and street)* | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | State | | | | | ZIP Code | | | | |