



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