



t21 ID:< 6735047 >

Deal Information

Dealership: Jackson Automotive Group, Inc
Sale Date: 03/06/2017
Deal Type: Financed
Transfer Plate: No
Sales Tax Exempt:
Sale Price: \$14,099.00
Trade-In: Yes
Transfer Plate #:
Georgia Sales Tax ID:

Deal #: 30392
Sales Tax:
Trade-In Amount: \$500.00
Transfer Plate Type:
Purchaser Sales Tax ID:
Finalized Date: 03/14/2017

Vehicle Information

VIN: 5XXGM4A75EG332284
Year: 2014
Body: 4S
Body Color: RED
GVW:
Invoice #:
Shipping Weight:
Title Brand 1:

Mileage: 28980
Make: KIA
Engine Type: C
Roof Color: RED
Fuel: G
Engine #:
Horse Power:
Title Brand 2:

Status: OOS
Model: OPTIMA LX
Cylinders: 4
Farm Vehicle: No
Exemption:
Distributor Name:
MV-1 Required: No
Title Brand 3:

Owner Information

Owner Type: I
Residential Address: 1598 BROWNLEE RD APT#O
JACKSON, GA 30233

Customer ID: 000028130150

Name: MITCHELL, LISA D
Mailing Address:

Owner Type:
Residential Address:

Customer ID:

Name:
Mailing Address:

Lien Information

☒ ELT

Lien Date: 03/06/2017
Residential Address: PO BOX 660068
SACRAMENTO, CA 95866

Customer ID: 001109584888

Name: CAPITAL ONE AUTO FINANCE
Mailing Address:

Lien Date:
Residential Address:

Customer ID:

Name:
Mailing Address:

Deal Fees

Title Reg.: \$43.00
TAVT: \$785.75
TAVT Penalty: \$0.00
Total Fees: \$828.75

A GRATIS address change was made as part of this deal, an affidavit of

Submit the following completed documents (in order) as they apply to a particular vehicle sale.

- ✓ REQUIRED Title Tec T21 cover sheet
- ✓ REQUIRED Title / Tag application (MV-1)
- ✓ REQUIRED Georgia Title, Out of State Title, or MSO completed front and back
 - Lien release (if not released on face of the title)
- ✓ Secure Dealer Reassignment – completed front and back

✓ Affidavits

- Affidavit of Corrections (T-11)
- Affidavit of Repossession (T-16)
- Affidavit of Odometer Discrepancy (T-107)

✓ Powers of Attorneys

- Limited Power of Attorney (T-8)
- Secure Power of Attorney (Green Original) (T-8S)

✓ All other documents to support the transfer of ownership

- Copy of Contract (if needed)
- ✓ REQUIRED Copy of Purchaser's Driver's License

Notes:


**DOR - Motor Vehicle
Title/Tag Application**

Original Title Fee \$ 18.00
 Replacement Title Fee \$ 8.00
 Title Penalty Fee \$ 10.00
 Expedited Title Fee \$ 10.00
 *Expedited title processing is only available by
 mail or in person at DOR/Motor Vehicle Division
 for non Title Ad Valorem Tax vehicles.

Fair Market Value 11,725.00
 *Rebates - 0.00
 Trade in Value - 500.00
 Taxable Value =
 Taxable Value x Rate = 785.75 (TAVT)
 * This value is applicable only for a new vehicle not listed
 in the MVD assessment manual.

Vehicle Section: Except for the signature, this application must be typed, electronically completed & printed or legibly hand printed in black or blue ink.									
Vehicle Identification Number 5XXGM4A75EG332284		Year 2014	Make KIA	Body Style 4S	Model OPTIMA LX	Color RED	Cylinders 4	New or Used USED	
Date Purchased 03/06/2017	Emission Certificate #	Current Title #		Current Title's State of Issue		GA County of Residence BUTTS		District #	
Odometer Reading 28,980		Odometer reading is actual miles unless you check one of the following boxes: <input type="checkbox"/> EXEMPT <input type="checkbox"/> Exceeds Mechanical Limits of Odometer <input type="checkbox"/> Not the Actual Mileage, Warning odometer discrepancy!						Fuel GASOLINE	
Complete For All Commercial Vehicles Gross Vehicle Weight & Load Straight Truck? Used For Hire? Type of Trailer Pulled? Product Hauled? Is This A Farm Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No									
Number of Owners 1		Owner Section				Leased Vehicle? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Complete Lessee Section)			
Owner # 1		Full Legal Name of Owner #1				Date of Birth			
Driver's License # (if individual) 000028130150		State/Country of Issue* GA		First Middle Last Suffix LISA, D, MITCHELL		04/05/1969			
If you purchased this vehicle from an out-of-state dealer/business, did you pick-up the vehicle out-of-state? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full Legal Name of Business/Leasing Company's Name				Purchaser's GA Sales Tax # (when applicable)			
Owner # 2		Full Legal Name of Owner #2				Date of Birth			
Driver's License # (if an individual)		State/Country of Issue*		First Middle Last Suffix					
		Full Legal Name of Business/Leasing Company's Name							
Address (Street address including city, state & zip) 1598 BROWNLEE RD APT#0 JACKSON, GA 30233-5523					Mailing Address (If different from street address including city, state & zip)				
Seller Section					Lessee Section				
GA Dealer's/Bank's 12 Digit Customer ID# (If Applicable) 001108913156					Driver's License #, if individual*				
Full Legal Name or Business Name & Address: JACKSON AUTOMOTIVE GROUP, INC 4781 RIVERSIDE DR, MACON, GA 31210					Lessee's Full Legal Name & Address or Business Lessee's Full Name & Address:				
If Georgia Seller, GA County Name BIBB					* Directly Financed Dealer Sale <input type="checkbox"/> Lessee's GA County Location				
Security Interests or Liens Section									
Number of Security Interests or Liens: 1									
Security Interest Holder's/Lien Holder's ELT 12 Digit Customer ID # 001109584888					Security Interest Holder's/Lien Holder's ELT 12 Digit Customer ID #				
Name & Address of 1 st Security Interest Holder/Lien Holder: CAPITAL ONE AUTO FINANCE PO BOX 660068, SACRAMENTO, CA 95866-0068					Name & Address of 2 nd Security Interest Holder/Lien Holder:				
Security Interest Holder's/Lien Holder's ELT 12 Digit Customer ID#					Name & Mailing Address of Attorney-in-Fact - Attach original power of attorney if title is to be mailed to attorney-in-fact.				
Name & Address of 3 rd Security Interest Holder/Lien Holder:									

I do solemnly swear or affirm under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for making a material false statement punishable by fine up to \$5,000 or by imprisonment of up to five years, or both, that the statements contained herein are true & accurate.

Owner #1 Signature *Lisa D Mitchell* Owner #2 Signature _____

*A Georgia license plate and registration will not be issued until the applicant presents, at the time of application, their valid Georgia driver's license or Georgia identification card. Owner's E-mail Address _____

WISCONSIN CERTIFICATE OF TITLE

U14556

FL

Vehicle Identification Number 5XXGM4A75EG332284		Year 2014	Make KIA		
Title Number 14128CB49019-8	Issue Date 05/08/2014	Chassis Type AUTO	Odometer Reading 126	Odometer Status ACTUAL	Odometer Date 04/30/2014
Product Number 10210141281	Body Style 4DR SEDAN	Color RED	Fleet No.		

Titled Owner(s)
HYUNDAI LEASE TITLING TRUST
PO BOX: 20809
FOUNTAIN VALLEY, CA 92728

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

5XXGM4A75EG332284

Lien Holder(s)
NONE,

Additional Vehicle Detail

6865667

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
 Wisconsin Department of Transportation
 PO Box 7949, Madison, WI 53707-7949
 681

13-2-5544934

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-268-1000, 608-268-1466
 www.dot.wisconsin.gov

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

This document void without watermark - Hold to light to view

Any alteration, correction, fluid, or erasure voids this title

ASSIGNMENT OF CERTIFICATE OF TITLE

1/2010

The seller is required to state the mileage and provide written vehicle disclosure in connection with the transfer of ownership. Failure to complete a mileage statement or providing a false mileage statement, disclose required information, or providing a false statement may result in fines and/or imprisonment and may make you liable for damages to the purchaser. See Federal 49 USC and Ch. 342 Wisconsin laws.

I, the seller, certify that to the best of my knowledge the information contained on this document is true and correct and that I have entered the vehicle odometer reading, brand disclosure, and selling price in compliance with federal and state law as referenced above. For value received, I sell, assign or transfer the vehicle described on this document and warrant title to purchaser.

1. ODOMETER NOW READS (No Tenths): 28973 <input type="checkbox"/> and to the best of my knowledge is actual mileage of this vehicle unless one of the following statements is checked.		<input type="checkbox"/> The odometer reading reflects the amount of mileage in excess of its mechanical limit.		<input type="checkbox"/> The odometer reading is NOT actual mileage. WARNING ODOMETER DISCREPANCY	
BRAND DISCLOSURE (will be printed on future titles) Check all that apply:					Selling Price
<input type="checkbox"/> Salvage vehicle <input type="checkbox"/> Flood damaged <input type="checkbox"/> Hail damaged <input type="checkbox"/> Previous police vehicle <input type="checkbox"/> Previous taxicab		Print Seller Name: Hyundai Lease Titleing Trust			P. Panyk
Print Purchaser Name: JACKSON AUTOMOTIVE		Print Seller Address, City, State, ZIP Code: 240 COMMERCE BLVD, IRVING, TX 76062			Print Purchaser Address, City, State, ZIP Code: 4701 Riverside Dr. Macleod CA 91210
Signature of Purchaser: [Signature] Date: 2-15-17		Signature of Seller(s) - See below: [Signature] Date: 2-15-2017		Seller(s) - If joint ownership, with "or", only one seller's signature is required; with "and", all sellers' signatures are required.	

Sections 2-3 For Dealer Use Only

Dealer: Photocopy front and back for your records - Federal 49 CFR 580.8

2. Print Consigning Auction Dealer Name or Consigning Salvage Pool (If Applicable)		Auction or Salvage Pool Dealer No.		Sale Date	
ODOMETER NOW READS (No Tenths): <input type="checkbox"/> and to the best of my knowledge is actual mileage of this vehicle unless one of the following statements is checked.		<input type="checkbox"/> The odometer reading reflects the amount of mileage in excess of its mechanical limit.		<input type="checkbox"/> The odometer reading is NOT actual mileage. WARNING ODOMETER DISCREPANCY	
BRAND DISCLOSURE (will be printed on future titles) Check all that apply:					
<input type="checkbox"/> Salvage vehicle <input type="checkbox"/> Flood damaged <input type="checkbox"/> Hail damaged <input type="checkbox"/> Previous police vehicle <input type="checkbox"/> Previous taxicab <input type="checkbox"/> Manufacturer buyback					
Print Purchaser Name			Print Selling Dealer Name		
Print Purchaser Address, City, State, ZIP Code			Print Seller Address, City, State, ZIP Code		
Print Name of Purchaser's Authorized Agent Signing Below			Print Name of Selling Dealer's Authorized Agent Signing Below		
Signature of Purchaser's Authorized Agent: X		Signature of Selling Dealer's Authorized Agent: X		Date	
3. Print Consigning Auction Dealer Name or Consigning Salvage Pool (If Applicable)		Auction or Salvage Pool Dealer No.		Sale Date	
ODOMETER NOW READS (No Tenths): <input type="checkbox"/> and to the best of my knowledge is actual mileage of this vehicle unless one of the following statements is checked.		<input type="checkbox"/> The odometer reading reflects the amount of mileage in excess of its mechanical limit.		<input type="checkbox"/> The odometer reading is NOT actual mileage. WARNING ODOMETER DISCREPANCY	
BRAND DISCLOSURE (will be printed on future titles) Check all that apply:					
<input type="checkbox"/> Salvage vehicle <input type="checkbox"/> Flood damaged <input type="checkbox"/> Hail damaged <input type="checkbox"/> Previous police vehicle <input type="checkbox"/> Previous taxicab <input type="checkbox"/> Manufacturer buyback					
Print Purchaser Name			Print Selling Dealer Name		
Print Purchaser Address, City, State, ZIP Code			Print Seller Address, City, State, ZIP Code		
Print Name of Purchaser's Authorized Agent Signing Below			Print Name of Selling Dealer's Authorized Agent Signing Below		
Signature of Purchaser's Authorized Agent: X		Signature of Selling Dealer's Authorized Agent: X		Date	

NO additional dealer reassignments permitted



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To Whom It May Concern:

This statement will serve to certify that Kia Motor Finance and Hyundai Motor Finance have been known to be listed under the following names:

Hyundai Motor Finance
Hyundai Motor Finance Company
Hyundai Finance
HMF
HMFC
Hyundai Lease Titling Trust
Hyundai Capital America
Kia Motors Finance
Kia Motors Finance Company
KMF
KMFC

Kia Motors Finance and the previous listed names are one and the same company. Should you have any questions or require additional information, please call (866) 331-5632.

Thank you,

Rosa Christopher
Kia Motors Finance



STATE OF GEORGIA
DEPARTMENT OF MOTOR
VEHICLE SAFETY

MOTOR VEHICLE DEALER TITLE REASSIGNMENT SUPPLEMENT

- NOTICE: A. This form can only be used by licensed motor vehicle dealers. Individuals or non-licensed dealers cannot use this form.
B. Any alteration or erasure voids this document.



9529753

Federal and State laws require that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

Vehicle Identification Number (VIN)	Year	Make	Model	Body Type
5XXGM4A75EG332284	2014	KIA	OPTIMA	4DR SDN LX
<p>The undersigned dealer hereby certifies that the vehicle described in this document has been transferred to the following printed name and address: LISA D MITCHELL 1598 BROWNLEE ROAD JACKSON GA 30233</p> <p>I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: 28980 [] 1. The mileage stated is in excess of its mechanical limits. [] 2. The odometer reading is not the actual mileage. WARNING-ODOMETER DISCREPANCY</p> <p>Signature(s) of Seller(s): <i>Theresa Patricia</i> Dealer No: 001108913156 Printed Name(s): JACKSON AUTOMOTIVE Address: 4781 RIVERSIDE DR MACON GA 31210 Dealership Name and Individual Signing for Dealer</p> <p>I am aware of the above odometer certification made by the seller(s): Signature(s) of Buyer(s): <i>Lisa Mitchell</i> Dealer No: _____ Printed Name(s) of Buyer(s): LISA D MITCHELL</p>				<p>DATE OF SALE</p> <p>03/06/2017</p>
<p>The undersigned dealer hereby certifies that the vehicle described in this document has been transferred to the following printed name and address: _____</p> <p>I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: _____ [] 1. The mileage stated is in excess of its mechanical limits. [] 2. The odometer reading is not the actual mileage. WARNING-ODOMETER DISCREPANCY</p> <p>Signature(s) of Seller(s): _____ Dealer No: _____ Printed Name(s): _____ Address: _____ Dealership Name and Individual Signing for Dealer</p> <p>I am aware of the above odometer certification made by the seller(s): Signature(s) of Buyer(s): _____ Dealer No: _____ Printed Name(s) of Buyer(s): _____</p>				<p>DATE OF SALE</p> <p>_____</p>
<p>The undersigned dealer hereby certifies that the vehicle described in this document has been transferred to the following printed name and address: _____</p> <p>I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: _____ [] 1. The mileage stated is in excess of its mechanical limits. [] 2. The odometer reading is not the actual mileage. WARNING-ODOMETER DISCREPANCY</p> <p>Signature(s) of Seller(s): _____ Dealer No: _____ Printed Name(s): _____ Address: _____ Dealership Name and Individual Signing for Dealer</p> <p>I am aware of the above odometer certification made by the seller(s): Signature(s) of Buyer(s): _____ Dealer No: _____ Printed Name(s) of Buyer(s): _____</p>				<p>DATE OF SALE</p> <p>_____</p>
<p>LIENHOLDER TO BE RECORDED AND SHOWN ON NEW TITLE: CAPITAL ONE AUTO FINANCE</p> <p>First lien in favor of: (Name of 1st lienholder) PO BOX 660068 SACRAMENTO CA 95866-0068 (Address) (City) (State) (Zip Code)</p>				

USA
Georgia DRIVER'S LICENSE

DL NO. 028130150 DOB 04/05/1969
CLASS C EXP 04/05/2019
LISA D MITCHELL
143 LAKEVIEW RD
JACKSON, GA 30233-6218
BUTTS
Restrictions A End NONE
Iss 08/26/2014
Sex F Eyes BRO
Hgt 5'-02" Wgt 180 lb
DD 1208738003280049503





MV-34 (Revised 7-2016)
Web and MV Manual

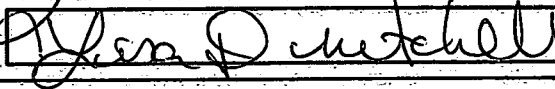

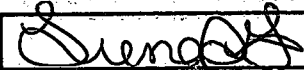


Georgia Department of Revenue - Motor Vehicle Division Electronic Title & Registration (ETR) Change of Address Affidavit

Purpose of this Affidavit: This affidavit is to be used to record a change of address for an ETR transaction. Please note: This address change may be completed even if the vehicle purchase is cancelled.

Completing this Affidavit: Complete sections A, B and C (if applicable). Certify by signature and notarization that your address is correctly printed or typed.

How to submit this Affidavit: This completed affidavit, legibly printed or typed, must be submitted along with the title application images transmitted to the Department of Revenue - Motor Vehicle Division.

A PERSONAL INFORMATION																																																	
Full Legal Name:		First Name: LISA		Middle Initial: D		Last Name: MITCHELL		Suffix:																																									
Driver's License/ ID Card No.:		0		2		8		1		3		0		1		5		0		License/ID Card Expiration Date:		M		M		D		D		Y		Y		Y		Y													
B NEW or CORRECTED RESIDENTIAL ADDRESS (Please do not enter a P.O. Box address in this section.)																																																	
Street Address:		Street No. 1598		Street Name BROWNLEE RD																										Apt No. APT #0																			
City:		JACKSON										State:		GA		ZIP Code:		30233				County:		BUTTS																									
C NEW or CORRECTED MAILING ADDRESS (If different from the residence address.)																																																	
Street Address/ P.O. Box:		Street No.		Street Name or P.O. Box																										Apt No.																			
City:												State:				ZIP Code:						County:																											
D CERTIFICATION																																																	
I do solemnly swear or affirm under penalty of false statement, in accordance with the provisions of Georgia law, that the name, driver's license and address provided on this affidavit are true and accurate.																																																	
Signature: 																				Date: 03/06/2017																													
E ACKNOWLEDGEMENT OF NOTARY PUBLIC																																																	
Sworn to and subscribed before me this																				day of		Month						Year		Notary Seal or Stamp  Trena S. Fuller Notary Public STATE OF GEORGIA My Comm. Exp. 1/28																			
Notary Public's Full Legal Name:																				Trena S Fuller																													
Physical Address:																																																	
City:																				JACKSON AUTOMOTIVE 4781 RIVERSIDE DR MACON, GA 31210										State:				ZIP Code:															
Email Address:																														Telephone No.:																			
Signature of Notary Public:																														Commission Expires:																			

Have a question? Visit our website at <http://dor.georgia.gov/motor-vehicles> or scan the QR code above for more information.

Workflow Signature Sheet - 4234

Randy_Keeling Approved 3/28/2017 12:29:00 PM

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9 Pages completed on 3/28/2017 12:28:31 PM