

STATE OF NORTH CAROLINA

MVR-191 (Rev. 06/2022)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER

YEAR MODEL

MAKE

BODY STYLE

JTMABABA2PA001987

2023

SUBA

MP

TITLE NUMBER

TITLE ISSUE DATE

PREVIOUS TITLE NUMBER

77475624236022C

08/31/2024

MAIL TO

MATTHEW HARRISON CHEIKIN  
30 WESTGATE PKWY # 83  
ASHEVILLE NC 28806-3808

ODOMETER READING

006253

ODOMETER STATUS

TITLE BRANDS

OWNER(S) NAME AND ADDRESS

MATTHEW HARRISON CHEIKIN  
30 WESTGATE PKWY # 83  
ASHEVILLE NC 28806-3808



The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title for the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate.

As WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date.

*Wayne Goodwin*

COMMISSIONER OF MOTOR VEHICLES

FIRST LIENHOLDER:

DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

SECOND LIENHOLDER:

DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

THIRD LIENHOLDER:

DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

FOURTH LIENHOLDER:

DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ADDITIONAL LIENS:

04516941

22C T1C22CQ

ANY ALTERATIONS OR ERASURES VOID TITLE

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Providing a false statement or failing to properly complete this form may result in fines and/or imprisonment.

**A**

**FIRST RE-ASSIGNMENT OF TITLE BY REGISTERED OWNER**

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

Name of Buyer: \_\_\_\_\_

Address of Buyer: \_\_\_\_\_

"I, seller(s) 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."



ODOMETER READING (NO TENTHS)

1. The mileage stated is in excess of its mechanical limits.

2. The odometer reading is not the actual mileage.

**WARNING - ODOMETER DISCREPANCY**

To my knowledge the vehicle described herein:

Yes  No  Has been involved in a collision or other occurrence to the extent that the cost to repair exceeds 25% of fair market value.

Yes  No  Has been a flood vehicle.

Yes  No  Has been a reconstructed or a salvage vehicle.

Seller(s) Signature \_\_\_\_\_

Seller(s) Hand Printed Name \_\_\_\_\_

Date \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

\_\_\_\_\_ seller(s)/name(s) of principal(s).

Notary Public Signature \_\_\_\_\_

Notary's Printed or Typed Name \_\_\_\_\_

My Commission expires \_\_\_\_\_ (SEAL)

Buyer(s) Signature \_\_\_\_\_

Buyer(s) Hand Printed Name \_\_\_\_\_

Date vehicle delivered to purchaser \_\_\_\_\_

**B**

**PURCHASER'S APPLICATION FOR NEW CERTIFICATE OF TITLE**

The undersigned purchaser of the vehicle described on the face of this certificate, hereby makes application for a new certificate of title and certifies that said vehicle is subject to the following named liens and none other and that the information contained herein is true and accurate to my best knowledge and belief.

**CHECK Appropriate Block/s** (Application cannot be processed without certification of services)

Title Only - Vehicle Not in Operation

Truck Weight Desired \_\_\_\_\_

Title and License Plate  
Class of License \_\_\_\_\_

Plate No. Transferred \_\_\_\_\_  
(List Plate Number and Expiration)

Inoperable Vehicle - Vehicle substantially disassembled and unfit or unsafe to be operated on the highway

Limited Registration Plate  
(When property taxes are deferred)

For Hire Vehicle  
 Yes or  No

I certify that all the above information is correct. \_\_\_\_\_ (customer's initials)

**OWNER(S)**

Owner 1 DL# \_\_\_\_\_ Full Legal Name of Owner (First, Middle, Last, Suffix) or Company \_\_\_\_\_

Owner 2 DL# \_\_\_\_\_ Full Legal Name of Owner (First, Middle, Last, Suffix) or Company \_\_\_\_\_

**Joint applicants request this title to be issued with Joint Tenants with Rights of Survivorship? Check appropriate block:  Yes  No**

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Mailing Address (If Different From Above) \_\_\_\_\_

Vehicle Location Address (If Different from Residence Address Above) \_\_\_\_\_

**FIRST LIEN**

Date of Lien \_\_\_\_\_ Acct # \_\_\_\_\_ Lien holder ID \_\_\_\_\_

Lien holder Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECOND LIEN**

Date of Lien \_\_\_\_\_ Acct # \_\_\_\_\_ Lien holder ID \_\_\_\_\_

Lien holder Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I certify for the motor vehicle described herein that I have financial responsibility as required by law.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Odometer Reading

Signature of Owner(s) \_\_\_\_\_  
Date \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: \_\_\_\_\_ owner(s)/name(s) of principal(s).

Notary Public Signature \_\_\_\_\_

Notary's Printed or Typed Name \_\_\_\_\_

My Commission expires \_\_\_\_\_ (SEAL)