OHIO DEPARTMENT OF PUBLIC SAFETY OHIO BUREAU OF MOTOR VEHICLES



AFFIDAVIT FOR DESIGNATION OF BENEFICIARY OR BENEFICIARIES BY THE SOLE OWNER FOR A MOTOR VEHICLE, WATERCRAFT OR OUTBOARD MOTOR CERTIFICATE OF TITLE. O.R.C. 2131.13(A)

I being first duly sworn, state as follows:					
I,			being the sole o	wner of the v	ehicle, watercraft
or outboard motor described, Year			Make		
VIN / MIN	Title	Number			
Do designate this vehicle, watercraft or outboard motor to:					
BENEFICIARY FULL LEGAL NAME		SSN			DATE OF BIRTH
STREET ADDRESS	CITY			STATE	ZIP CODE
		001			DATE OF BIRTH
BENEFICIARY FULL LEGAL NAME		SSN			IL
STREET ADDRESS	CITY			STATE	ZIP CODE
BENEFICIARY FULL LEGAL NAME		SSN	A.		DATE OF BIRTH
STREET ADDRESS	CITY			STATE	ZIP CODE
			17		
Sworn to before me in the State ofand coul	nty of				
on this day of	2	20			
X APPLICANT / OWNER SIGNATURE					
X NOTARY / DEPUTY SIGNATURE		M	ly Commission I	Expires on_	
NOTART / DEFOTT SIGNATURE					