MVR 191 (Rev 1/13)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER

YEAR MODEL

MAKE

BODY STYLE

5NPEC4AC1CH328189

2012

HYUN

45

TITLE NUMBER

770031133531685

TITLE ISSUE DATE 01/04/2014

PREVIOUS TITLE NUMBER

ALLY FINANCIAL PO BOX 8132

COCKEYSVILLE MD 21030-8132 ODOMETER READING

023180

ODOMETER STATUS

TITLE BRANDS

OWNER(S) NAME AND ADDRESS

ANTHONY RAY ROBLYER PP2 ROOM 311 CAMP LEJEUNE NC 28542



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.

COMMISSIONER OF MOTOR VEHICLES

FIRST LIENHOLDER: ALLY FINANCIAL DATE OF LIEN 12/19/2013

PO BOX 8132

COCKEYSVILLE MD 21030-8132 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

FOURTH LIENHOLDER:

DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE_

TITLE DATE

ADDITIONAL LIENS:

91515478

MVR -191 (Reverse)

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.

	COMMENT OF TITLE BY REGISTERED OWNER been transferred to the following printed name and address:	
Name of Buyer:	been transferred to the following printed name and address.	
Address of Buyer:		13/1
"I, seller(s) certify to the best of my knowledge that the odometer reading is the	Seller(s) Signature	
actual mileage of the vehicle unless one of the following statements is checked."	Seller SJ.h posn	21
mechanical limits.	Date 4115 County Dallas State R 3	
ODOMETER READING (NO TENTHS) 2. The odometer reading is not the actual mileage.	I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he o	r she voluntarily
WARNING - ODOMETER DISCREPANCY To my knowledge the vehicle described herein:	signed the foregoing document for the purpose stated therein and in the capacity indicated:	of principal(s).
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.	Notary Public Signature.	20 (
	Notary's Printed or Typed Name.	
	My Commission expires (-25-7)	3
	Buyer(s) Signature (SEAL)	
Date vehicle delivered to purchaser	Buyer(s) Hand Printed Name	
B PURCHASER'S AF	PPLICATION FOR NEW CERTIFICATE OF TITLE	
	cate, hereby makes application for a new certificate of title and certifies that said vehicle is subject to the fo	llowing named
CHECK Appropriate Block/s (Application cannot be process		
☐ Title Only - Vehicle Not in Operation	☐ Truck Weight Desired	
☐ Title and License Plate	☐ Plate No. Transferred(List Plate Number and Expiration)	
Class of License		
☐ Inoperable Vehicle - Vehicle substantially disassembled and unfit or unsafe to be operated on the highway	☐ Limited Registration Plate For Hire Vehicle (When property taxes are deferred) ☐ Yes or ☐ No	
I certify that all the above information is correct.	(customer's initials)	
OWNER(S)		3
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	
Residence Address	City State Zip Code County	
Mailing Address		
(If Different From Above)		
Vehicle Location Address		
(If Different from Residence Address Above)		
FIRST LIEN	SECOND LIEN	
Date of Lien Acct # Lien holder ID	Date	
Lien holder	Lien holder Name	1 2
Name.	Address	
Address. CityStateZip Code	CityStateZip Code	1
I certify for the motor vehicle described herein that I have financial responsibility	ty as required by law	
Insurance Company	Policy	ng
Authorized in NC	Number	
Signature of Owner(s)	State	
DateCounty Legetify that the following person(s) personally appeared before me this day, each ac	State	nd in the capacity
indicated:	_owner(s)/name(s) of principal(s).
Notary Public Signature_		
Notary's Printed or Typed Name		
My Commission expires		(SEAL)