

Statement of Facts for Vehicles Valued at \$500 or Less Removed by a Public Agency for Reasons Other Than Abandonment CVC 22851.8

LIEN SALE UNIT P.O. BOX 932317 SACRAMENTO, CA 94232-3170

The vehicle described below has a current market value of \$500 or less and I/we, the lienholder, have disposed of the vehicle in the following manner to satisfy a possessory lien against that vehicle.

	NAME OF LIENHOLDER				DAYTIME	TELEPHONE N	IUMBER	
					1	1		
	RUSINESS ADDRESS (STREET A		<u> </u>	<i>)</i>				
Lienholder	BUSINESS ADDRESS (STREET ADDRESS)							
	OLTY				OTATE	ZIP CO		
	CITY				STATE	ZIP CO	DE	
		T		T=				
	LICENSE PLATE NUMBER	MAKE OF VEHI	CLE	VEHICLE IDENTI	IFICATION	NUMBER		
Vehicle Description								
venicle bescription	ENGINE NUMBER (MOTORCYCLI	E ONLY)						
	The authority to dispos	se of this ve	hicle is based o	on:				
	☐ A properly executed Declaration of Opposition was not received.							
Authority to							ed, but a REG 659	
Dispose of Vehicle	(form attached) v	was also re	ceived, stating t	he lienholde	er was	unable to e	effect court service.	
(CHECK ONE)	☐ No vehicle record	d on the DN	/IV database, no	interested	party.			
,	☐ A court judgment				-			
			•		,			
	│	rest from th	e person who o	pposed the o	disposa	al. (Origina	l release attached.)	
Vehicle								
Disposed To	☐ Licensed Dismantl	er	□ Scrap I	ron Process	sor			
	PRINT TRUE FULL NAME				DAYTIME	TELEPHONE N	IUMBER	
					1)		
Name/Address	STREET ADDRESS				<u> </u>	<i>)</i>		
of Dismantler	OTREET ADDRESS							
or Processor	CITY				STATE	ZIP CO	DE	
	CITY				STATE	ZIP COI	DE	
	I have the eller of elements	aived the m	onoton/omount	-t φ	fc	r the above	e described vehicle.	
Payment	I/we, the lienholder rec		onetary amount	01.0	10	i tilo abovi	s acoulibed verileic.	
Payment	I/we, the lienholder reco		-	-				
Payment	I agree to indemnify a	nd save ha	irmless the Dire	ector of Moto	or Veh	icles, State	e of California, and	
Payment	I agree to indemnify a subsequent purchaser	nd save ha	irmless the Dire	ector of Moto	or Veh	icles, State	e of California, and	
Payment	I agree to indemnify a subsequent purchase described vehicle.	nd save ha	irmless the Dire	ector of Moto	or Veh	icles, State	e of California, and	
Payment	I agree to indemnify a subsequent purchaser	nd save ha	irmless the Dire	ector of Moto	or Veh	icles, State	e of California, and sposing the above	
Payment	I agree to indemnify a subsequent purchase described vehicle.	nd save ha	irmless the Dire	ector of Moto	or Veh	icles, State fer from di	e of California, and sposing the above	
Payment	I agree to indemnify a subsequent purchase described vehicle.	nd save ha	irmless the Dire	ector of Moto	or Veh	icles, State fer from di	e of California, and sposing the above	
Payment	I agree to indemnify a subsequent purchaser described vehicle.	nd save ha	irmless the Dire	ector of Moto	or Veh	icles, State fer from di	e of California, and sposing the above	
Payment	I agree to indemnify a subsequent purchaser described vehicle.	nd save ha	irmless the Dire	ector of Moto	or Veh	icles, State fer from di	e of California, and sposing the above	
Payment	I agree to indemnify a subsequent purchase described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT)	nd save ha	irmless the Dire	ector of Moto	or Veh	icles, State fer from di	e of California, and sposing the above	
Payment	I agree to indemnify a subsequent purchase described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT)	nd save ha	irmless the Dire	ector of Moto	or Veh	icles, State fer from di	e of California, and sposing the above	
Payment	I agree to indemnify a subsequent purchaser described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS	nd save ha	irmless the Dire	ector of Moto	or Veh nay suf	icles, State fer from di	e of California, and sposing the above	
	I agree to indemnify a subsequent purchaser described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS	nd save hars of said v	irmless the Dire	ector of Moto loss they m	DAYTIME	icles, State fer from di	e of California, and sposing the above	
Certification	I agree to indemnify a subsequent purchaser described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS	nd save hars of said v	ehicle, for any	ector of Moto loss they m	DAYTIME	icles, State fer from di TELEPHONE N)	e of California, and sposing the above	
	I agree to indemnify a subsequent purchased described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS CITY AGENT ACTING FOR LIENHOLDE	nd save hars of said v	ehicle, for any	ector of Moto loss they m	DAYTIME	icles, State fer from di TELEPHONE N)	e of California, and sposing the above	
	I agree to indemnify a subsequent purchaser described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS	nd save hars of said v	ehicle, for any	ector of Moto loss they m	DAYTIME	icles, State fer from di TELEPHONE N)	e of California, and sposing the above	
	I agree to indemnify a subsequent purchaser described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS CITY AGENT ACTING FOR LIENHOLDE BUSINESS ADDRESS (STREET A	nd save hars of said v	ehicle, for any	ector of Moto loss they m	DAYTIME STATE DAYTIME	icles, State fer from di TELEPHONE N) ZIP COL TELEPHONE N	e of California, and sposing the above	
	I agree to indemnify a subsequent purchased described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS CITY AGENT ACTING FOR LIENHOLDE	nd save hars of said v	ehicle, for any	ector of Moto loss they m	DAYTIME	icles, State fer from di TELEPHONE N)	e of California, and sposing the above	
	I agree to indemnify a subsequent purchased described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS CITY AGENT ACTING FOR LIENHOLDE BUSINESS ADDRESS (STREET A	nd save hars of said v	ehicle, for any	ector of Moto loss they m	DAYTIME DAYTIME DAYTIME	zip coi	e of California, and sposing the above	
	I agree to indemnify a subsequent purchased described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS CITY AGENT ACTING FOR LIENHOLDE BUSINESS ADDRESS (STREET A	Ind save hars of said v	rmless the Direct ehicle, for any ehicle, for any registration ser	vice NUMBER	DAYTIME DAYTIME DAYTIME STATE	zip col	e of California, and sposing the above NUMBER DE TUMBER TO California that the	
	I agree to indemnify a subsequent purchased described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS CITY AGENT ACTING FOR LIENHOLDE BUSINESS ADDRESS (STREET A) CITY I certify (or declare) ur foregoing is true and	Ind save hars of said v	rmless the Direction services the Direction of perjury under the certify (or	vice NUMBER	DAYTIME DAYTIME DAYTIME STATE STATE	zip col	e of California, and sposing the above number DE California that the perjury that the lien	
	I agree to indemnify a subsequent purchased described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS CITY AGENT ACTING FOR LIENHOLDE BUSINESS ADDRESS (STREET A) CITY I certify (or declare) ure foregoing is true and sale was conducted in	Ind save hars of said v	rmless the Direction of perjury under certify (or ewith the requirement)	vice NUMBER vice NUMBER der the law r declare) un	DAYTIME DAYTIME DAYTIME STATE STATE STATE STATE Californ	zip col zip col zip col zip col zip col zip col	e of California, and sposing the above sposing the above sumber sposing the above sumber sposing that the derjury that the lien and Veterans Code	
	I agree to indemnify a subsequent purchased described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS CITY AGENT ACTING FOR LIENHOLDE BUSINESS ADDRESS (STREET A) CITY I certify (or declare) urange foregoing is true and sale was conducted in §§407, 408, 409.1, and	Ind save hars of said von said	rmless the Direction of perjury under certify (or ewith the requirement)	vice NUMBER vice NUMBER der the law r declare) un	DAYTIME DAYTIME DAYTIME STATE STATE STATE STATE Californ	zip col zip col zip col zip col zip col zip col	e of California, and sposing the above sposing the above sumber sposing the above sumber sposing that the derjury that the lien and Veterans Code	
	I agree to indemnify a subsequent purchaser described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS CITY AGENT ACTING FOR LIENHOLDE BUSINESS ADDRESS (STREET A) CITY I certify (or declare) ure foregoing is true and sale was conducted in §§407, 408, 409.1, and of the United States C	Ind save hars of said von said	rmless the Direct ehicle, for any ehicle, for any entry of perjury under the requirement of with the requirement with the requirement of the requi	oder the lawr declare) under the sof Crirements of Crireme	STATE DAYTIME (STATE STATE STATE Californ §§395	ZIP COI TELEPHONE N TELEPHONE N TELEPHONE N ZIP COI TELEPHONE N ZIP COI TELEPHONE N A TELEPHONE N ZIP COI TELEPHONE N ZIP COI TELEPHONE N A TEL	e of California, and sposing the above sposing the above sumber sposing the above sumber sposing that the derjury that the lien and Veterans Code	
	I agree to indemnify a subsequent purchased described vehicle. LIENHOLDER (NAME) TRUE FULL NAME (PRINT) STREET ADDRESS CITY AGENT ACTING FOR LIENHOLDE BUSINESS ADDRESS (STREET A) CITY I certify (or declare) urange foregoing is true and sale was conducted in §§407, 408, 409.1, and	Ind save hars of said von said	rmless the Direction of perjury under certify (or ewith the requirement)	oder the lawr declare) under the sof Crirements of Crireme	STATE DAYTIME (STATE STATE STATE STATE	ZIP COI TELEPHONE N TELEPHONE N TELEPHONE N ZIP COI TELEPHONE N ZIP COI TELEPHONE N A TELEPHONE N ZIP COI TELEPHONE N ZIP COI TELEPHONE N A TEL	e of California, and sposing the above sposing the above sumber sposing the above sumber sposing that the derjury that the lien and Veterans Code	



Statement of Facts for Vehicles Valued at \$500 or Less Removed by a Public Agency CVC 22851.3

LIEN SALE UNIT P.O. BOX 932317 SACRAMENTO, CA 94232-3170

The vehicle described below has a current market value of \$500 or less and I/we, the lienholder or agency, have mailed notification to the known interested parties identified below to satisfy a possessory lien against the vehicle.

	NAME OF LIENHOLDER					DAYTIME TELEPHONE NUMBER				
	BUSINESS ADDRESS (STREET ADDRESS))				
Lienholder	,	,								
	CITY				STATE	ZIP	CODE			
	LICENSE PLATE NUMBER	MAKE OF VEHIC	N.F.	VEHICLE IDENT	TEICATION	NUMBER				
W 11 1 B 1 4				72111022 132111						
Vehicle Description	ENGINE NUMBER (MOTORCYCLE	ONLY)								
Authority to Dispose of Vehicle	The authority to dispose of this vehicle is based on removal from public streets pursuant to CV0 22669 on this date, at the order of:									
	PUBLIC AGENCY						NE NUMBER			
					()				
	STREET ADDRESS		CITY		STATE	ZIP	CODE			
	PRINT TRUE FULL NAME				DAYTIME	TELEPHON	NE NUMBER			
Name/Address Where Notification #1 Was Sent					()					
	STREET ADDRESS		CITY		STATE	ZIP	CODE			
	CERTIFIED MAIL (Agency or l	ionholder)	Receipt #_						
Town of	FIRST CLASS MAI			Neceipi #_						
Type of Notification for #1	☐ DMV or CLETS prir			☐ DMV or	CLETS	3 printo	ut not attach	ied.		
	The person(s) notified a	above was i	dentified from [DMV or CLE	TS reco	ords and	d information	ı provided		
	by the public agency.		-		DAVTIME	TEI EDUON	NE NUMBER			
Name/Address Where Notification #2 Was Sent	PRINT TROET OLE NAIVIL				()	NE NOMBER			
	STREET ADDRESS		CITY		STATE	ZIP	CODE			
	_									
	CERTIFIED MAIL (Receipt #_						
Type of	FIRST CLASS MAI		only) ed	☐ DMV or	CLETS	Sprinto	ut not attach	ied		
Notification for #2	The person(s) notified a									
	by the public agency.							. р. ст. а.с.		
	I agree to indemnify ar									
	subsequent purchasers described vehicle.	s of said v	ehicle, for any	loss they m	nay suff	er from	disposing t	he above		
Certification	NAME OF LIENHOLDER				DAYTIME	TELEPHON	NE NUMBER			
					()				
	TRUE FULL NAME (PRINT)									
	STREET ADDRESS		CITY		STATE	ZIP	CODE			
	AGENT ACTING FOR LIENHOLDER	R (NAME)	REGISTRATION SER	VICE NUMBER	DAYTIME (TELEPHON	NE NUMBER			
	BUSINESS ADDRESS (STREET AL	DDRESS)	CITY		STATE) ZIP	CODE			
	I certify (or declare) under penalty of perjury under the laws of the State of California that the									
	foregoing is true and correct. I further certify (or declare) under penalty of perjury that the lien sale was conducted in accordance with the requirements of California Military and Veterans Code									
	§§407, 408, 409.1, and	d 409.3, an	d with the requ	irements of	§§3952	2, 3953	, and 3958 (of Title 50		
	of the United States Co	ode.	LIENHOLDER OR AGI							
	DATE	X	LILINHOLDER OR AGI	LIVI ACTING AS L	ICINHOLDE	`				