MV-154-TR

STATE OF WEST VIRGINIA
DIVISION OF MOTOR VEHICLES
Building 3, Capitol Complex
Charleston, WV 25317

A F F I D A V I T

DATE _____

STATE OF _____

COUNTY OF _____

I, _____, DO HEREBY CERTIFY THAT I (AM) (WAS) THE SOLE OWNER OF _____, AND THE CHANGE OF NAME REQUESTED WILL REFLECT NO CHANGE IN OWNERSHIP.

THIS AFFIDAVIT IS PREPARED FOR THE USE OF THE WEST VIRGINIA DEPARTMENT OF MOTOR VEHICLES.

SIGNATURE _____

SUBSCRIBED AND SWORN TO BEFORE ME _____

MY COMMISSION EXPIRES _____

_____
NOTARY PUBLIC