

Please Print or Type	LOST TITLE			
I hereby certify that Nevada (Certificate of Title Num	1ber		
issued on	for a Year	, Make		, Model
VIN				
was never received. In the e Nevada Department of Motor		le is located, I will s	surrender it	immediately to the
Department records indicate	the title was mailed to	:		
Address	City	State		Zip Code .
and my mailing address is	Address		Ctoto	
and my physical address is		City	State	Zip Code
and my physical address is	Address	City	State	Zip Code
Affiant's Printed Name				
Nevada Driver's License, Identif	fication Card Number, o	r Date of Birth		
State of Nevada, County of		_		
Signed and sworn to before me		_		
	Date			
BySignature of Affiant		Nota	ary Stamp	
Notary Public or Authorized Nevad				
	*** For Departm	ent Use Only ***		
The Central Services and Re they verified that the title in que		-		; S. Postal Service.
Supervisor:	,			
. Name	/		tle	
The approval of this affidavit relieve Certificate of Title.	es the applicant/affiant of p	bayment of the \$20.00 f	ee for issuand	ce of a Duplicate Nevada
	Signatures must be originals. nges may not be made to this f			