

## 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	UMBER		
					1	1	O		
					(	)			
Lienholder	BUSINESS ADDRESS (STREET A	BUSINESS ADDRESS (STREET ADDRESS)							
Licimolaci									
	CITY				STATE	ZIP COD	DE		
	LICENSE PLATE NUMBER	MAKE OF VEHI	CLE	VEHICLE IDENTI	FICATION	NUMBER			
Vehicle Description	ENGINE NUMBER (MOTORCYCLE	L E ONLY)							
	, , , , , ,	,							
	The authority to dispose of this vehicle is based on:								
	☐ A properly execu	ted Declara	ation of Opposit	ion was not	receiv	ed.			
							ad but a DEC CEO		
Authority to	1	•					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	//V database, n	interested	party.				
,									
	A court judgment		•		,				
	☐ A Release of Inte	rest from th	e person who o	pposed the c	dispos	al. ( <i>Original</i>	release attached.)		
Vehicle			_						
Disposed To	Licensed Dismantle	er	□ Scrap	ron Process	or				
Disposed to	LEDINT TOUS SUIL MANS				DAY(TIME	TELEBUIONE N	III III III III III III III III III II		
	PRINT TRUE FULL NAME				DAYTIME	TELEPHONE N	UMBER		
Name/Address					(	)			
	STREET ADDRESS								
of Dismantler									
or Processor	CITY	,			STATE	ZIP COD	DE		
	1				_				
Payment	I/we, the lienholder rece	eived the m	onetary amount	of\$	fo	or the above	described vehicle.		
Payment									
Payment	I agree to indemnify a	nd save ha	armless the Dire	ector of Moto	or Veh	icles, State	of California, and		
Payment	I agree to indemnify a subsequent purchaser	nd save ha	armless the Dire	ector of Moto	or Veh	icles, State	of California, and		
Payment	I agree to indemnify a subsequent purchaser described vehicle.	nd save ha	armless the Dire	ector of Moto	or Veh	icles, State	e of California, and sposing the above		
Payment	I agree to indemnify a subsequent purchaser	nd save ha	armless the Dire	ector of Moto	or Veh	icles, State	e of California, and sposing the above		
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## 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			
	DUONISCO ADDDECO (OTDEET ADDDECO)					)			
Lienholder	BUSINESS ADDRESS (STREET ADDRESS)								
	CITY STATE ZIP CODE								
	OTT		STATE ZIP CODE						
	LICENSE PLATE NUMBER	MAKE OF VEHIC	CLE	VEHICLE IDENT	IFICATION	NUMBER			
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 CVC								
	22669 on this date,		order of:						
	PUBLIC AGENCY		DAYTIME TELEPHONE NUMBER						
						( )			
	STREET ADDRESS		CITY		STATE	ZIP CODE			
	PRINT TRUE FULL NAME		DAYTIME	TELEPHONE NUMBER					
Name/Address Where Notification #1 Was Sent	FRINT TRUE FULL NAME					)			
	STREET ADDRESS CITY					ZIP CODE			
	CERTIFIED MAIL (	Agency or	lienholder)	Receipt #_					
	FIRST CLASS MAI			Neceipt #_					
Type of	DMV or CLETS pri			☐ DMV or	CLETS	S printout not attached.			
Notification for #1						•			
	The person(s) notified above was identified from DMV or CLETS records and information provided by the public agency.								
	PRINT TRUE FULL NAME				DAYTIME	TELEPHONE NUMBER			
Name/Address					(	)			
Where Notification #2	STREET ADDRESS		CITY		STATE	ZIP CODE			
Was Sent									
Type of	CERTIFIED MAIL (	Agency or	lienholder)	Receipt #_					
	☐ FIRST CLASS MAI								
	☐ DMV or CLETS pri			☐ DMV or	CLET	S printout not attached.			
Notification for #2	The person(s) notified above was identified from DMV or CLETS records and information provided								
	by the public agency.								
	I agree to indemnify a	nd save ha	rmless the Dire	ector of Mot	or Vehi	cles. State of California. and			
	I agree to indemnify and save harmless the Director of Motor Vehicles, State of California, and subsequent purchasers of said vehicle, for any loss they may suffer from disposing the above								
	described vehicle.								
	NAME OF LIENHOLDER					TELEPHONE NUMBER			
					[	)			
Certification	TRUE FULL NAME (PRINT)								
	STREET ADDRESS		CITY		STATE	ZIP CODE			
	STREET ADDRESS		STATE ZIF GODE						
	AGENT ACTING FOR LIENHOLDER (NAME) REGISTRATION SERVICE NUMBER					TELEPHONE NUMBER			
					(	)			
	BUSINESS ADDRESS (STREET A	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								
						ia Military and Veterans Code			
	§§407, 408, 409.1, and of the United States Co		a with the requ	urements of	§§395	2, 3953, and 3958 of Title 50			
	DATE OF THE OFFICE STATES CO		LIENHOLDER OR AGI	ENT ACTING AS I	IENHOLDF	IR .			
		X							
	<u> </u>	<u>!</u>							