

MECHANIC'S LIEN BILL OF SALE State Form 23104 (R8 / 12-24) INDIANA BUREAU OF MOTOR VEHICLES BUREAU OF MOTOR VEHICLES 100 North Senate Avenue, N411 Indianapolis, IN 46204

The legal authority for this form is IC 9-22-6.

\* This agency is requesting disclosure of your Social Security number / Federal Identification number for accuracy of records in accordance with IC 4-1-8; disclosure is voluntary, and you will not be penalized for refusal.

INSTRUCTIONS: 1. Complete in blue or black ink or print form.

- 2. Seller must complete this form in its entirety and deliver it to the purchaser of a vehicle in accordance with Indiana Code 9-22 for purchaser to obtain a certificate of title.
- 3. Section 3 Lien Information: The cost for storage of an abandoned vehicle my not exceed \$2,000 for vehicles that are less than 30 feet and \$2,500 for vehicles that are 30 feet or more.
- 4. A certificate or affidavit of publication from the newspaper verifying the vehicle was advertised for sale at public auction must be submitted with this form. The vehicle may not be sold before fifteen (15) days after the date of the advertisement.
- 5. Proof of the mechanic's lien notice to owner and lienholder (if applicable) must be provided with this form.

| SECTION 1 - SELLER INFORMATION<br>Person who holds the mechanic's lien  |           |  |               |      |  |           |                  |                                  |                                      |      |                         |  |
|---|-----------|--|---------------|------|--|-----------|------------------|----------------------------------|--------------------------------------|------|-------------------------|--|
| Name of Seller (first, middle, last, or company name)   |           |  |               |      |  |           |                  | er or Fec                        | or Federal Identification Number     |      |                         |  |
| Address of Seller's Residence (number and street)   |           |  |               | City |  |           |                  |                                  | State                                |      | ZIP Code                |  |
| SECTION 2 – OWNER / VEHICLE INFORMATION   |           |  |               |      |  |           |                  |                                  |                                      |      |                         |  |
| Name of Owner(s) (first, middle, last, or company name)   |           |  |               |      |  |           |                  |                                  |                                      |      |                         |  |
| Last Known Address of Owner's Residence (number and street)   |           |  |               |      | City   |           |                  |                                  | State                                |      | ZIP Code                |  |
| Vehicle Identification Number   |           |  | Vehic<br>Year | le   | Vehicle Make   |           | Vehicle<br>Model | Vehicle<br>Type Vehicle Color    |                                      | olor | License Plate<br>Number |  |
|   |           |  |               |      |  |           |                  |                                  |                                      |      |                         |  |
| SECTION 3 - LIEN INFORMATION  |           |  |               |      |  |           |                  |                                  |                                      |      |                         |  |
|   |           |  |               |      | he charges and costs against the vehicle are as follows: |           |                  |                                  |                                      |      |                         |  |
| Eligible Lien Type: (required or packet will be returned)   |           |  |               |      | pair Work –<br>bor                                       | Materials |                  | Storage Tota                     |                                      | al   |                         |  |
| Labor, Materials, Storage, or Repair Work Lien (Mechanic's lien)  |           |  |               | \$   |  |           |                  |                                  | \$<br>Check if 30                    |      |                         |  |
| Abandoned Vehicle Lien  |           |  |               |      |  |           |                  | feet or more                     |                                      |      |                         |  |
| Date Vehicle Left in Seller's Custody (mm/dd/yyyy) Newspaper Name   |           |  |               |      | Adv  |           |                  |                                  | vertisement Date <i>(mm/dd/yyyy)</i> |      |                         |  |
| Auction Company/Auctioneer Name   | Signature |  |               |      | Auction  |           |                  | ompany/Auctioneer License Number |                                      |      |                         |  |
| <ol> <li>I swear or affirm under penalties for perjury that I am the Seller of the Vehicle identified on this form, and I affirm that the following is true and correct:         <ol> <li>The Owner requested that the Vehicle be repaired or stored and/or the Vehicle has been abandoned.</li> <li>The Vehicle was left in the Seller's custody and the Owner failed or refused to claim the Vehicle within thirty (30) days.</li> <li>The Owner was notified by certified mail that the Vehicle would be sold at public auction to satisfy the above charges.</li> </ol> </li> <li>The Vehicle was advertised for sale at a public auction.</li> </ol> |           |  |               |      |  |           |                  |                                  |                                      |      |                         |  |
| Signature of Seller Printed Nam   |           |  |               |      |  |           |                  | Date Signed (mm/dd/yyyy)         |                                      |      |                         |  |
| SECTION 4 - PURCHASER INFORMATION   |           |  |               |      |  |           |                  |                                  |                                      |      |                         |  |
| Name of Purchaser(s) (first, middle, last, or company name)   |           |  |               |      | * Social Security Number o<br>(optional)                 |           |                  |                                  | r Federal Identification Number      |      |                         |  |
| Address of Purchaser's Residence (number and street)  |           |  |               |      | City   |           |                  |                                  | State                                |      | ZIP Code                |  |
| Date of Sale (mm/dd/yyyy))  |           |  |               |      | urchase Price  |           |                  |                                  |                                      |      |                         |  |
| I swear or affirm under the penalties for perjury that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.  |           |  |               |      |  |           |                  |                                  |                                      |      |                         |  |
| Signature of Purchaser Printed Nam  |           |  |               |      | 3  |           |                  |                                  | Date Signed (mm/dd/yyyy)             |      |                         |  |