



— DEPARTMENT OF —  
**REVENUE**  
STATE OF MISSISSIPPI

**AFFIDAVIT FOR REPOSSESSED  
MOTOR VEHICLE**

THE STATE OF MISSISSIPPI, COUNTY OF \_\_\_\_\_

CITY \_\_\_\_\_

Name of former Owner: \_\_\_\_\_  
Complete Name (Last, First and Middle)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

TITLE NUMBER: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER (VIN): \_\_\_\_\_

LIENHOLDER \_\_\_\_\_ DATE OF LIEN \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DATE OF REPOSSESSION: \_\_\_\_\_

This is to certify that the undersigned has repossessed the motor vehicle described above because of the failure of the former owner to meet his or her obligation for settlement of a Lien of Security Interest on said vehicle.

\_\_\_\_\_  
(Lienholder)

\_\_\_\_\_  
(Signature of Lienholder or Representative)

SUBSCRIBED AND SWORN TO ME BEFORE THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
My commission expires

Note: If the lienholder in repossession makes application for title, he must include Odometer Disclosure Statement (Form 78-015).