Mississippi ASSIGNMENT OF LIEN

Certificate of Title Number		
Date of Issuance		
Issued To		
Address City, State, ZIP		
Make		
Vehicle Identification Number Assigned to		
Address		
City, State, ZIP		
Assigned Date		
Lienholder (Assignor)		
Signature of Authorized Representative		
oignature of Authorized Representative		
Name of Witness		
Address		
City		
State		
ZIP		
APPLICATION	Cut Along Dotted Line form should be kept as a part of your recor I FOR TRANSFER OF LIEN	
e undersigned assignee confirms transfer of the lien descri e following named liens and none other:		tion for a new Certificate of Title subject
FIRST LIEN Lienholder	SECOND LIEN Lienholder	
Address	Address	
City	City	
State	State	
	State	
Date of Lien	ZIP -	
		<u> </u>
Lienholder (Assignee)	Lienholder (Assignee))

Motor Vehicle Servies P. O. Box 1383, Jackson, MS 39215 www.dor.ms.gov Phone 601-923-7200 Fax 601-923-7224