STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES
RESEARCH/TITLE OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-4368 Fax: 401-462-5783
www.dmv.ri.gov

AFFIDAVIT AND ASSIGNMENT OF TITLE – SOLE HEIR AFFIDAVIT

Now come(s) the undersigned, averring under penalty of perjury that _____
NAME OF DECEDENT

passed away on _____.
DATE OF DEATH

That under the laws of the State of Rhode Island (I/We) am/are the sole heir(s) of the decedent. That no letters testamentary or letters of administration upon the estate of the decedent have been issued, and that no petition therefore is pending.

And further state there are no liens or encumbrances on the motor vehicle described as a:

_____	_____	_____
YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)

And hereby assign and warrant title to this vehicle to:

Purchaser's printed name: _____

Residence Address: _____

Purchaser's signature: _____

Federal and State laws require that you state the mileage upon transfer of ownership and failure to complete or providing a false statement may result in fines and/or imprisonment.

(I/We) certify the odometer reads _____ (no tenths) miles and to the best of my knowledge reflects the actual mileage of the vehicle unless one of the following statements is checked:

☐ 1. The mileage state is in excess of its mechanical limits.
☐ 2. The odometer reading is not the actual mileage. Warning - Odometer Discrepancy.

Signature of heirs:	Relationship to Decedent:
_____	_____
_____	_____
_____	_____

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR ASSIGNMENT OF TITLE (SOLE HEIR AFFIDAVIT), AND DECLARE UNDER PENALTY OF PERJURY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PERSONAL INFORMATION CONTAINED IN YOUR MOTOR VEHICLE RECORD WILL BE DISCLOSED ONLY IF THE STATE HAS OBTAINED THE EXPRESS CONSENT OF THE PERSON TO WHOM SUCH PERSONAL INFORMATION PERTAINS.

DO YOU CONSENT TO SUCH DISCLOSURE? ☐ YES ☐ NO

Subscribed and sworn to me this _____ day of _____, 20_____.

_____	_____
SIGNATURE OF NOTARY PUBLIC	**COMMISION EXPIRATION DATE (mandatory)**

CERTIFIED COPY OF DEATH CERTIFICATE REQUIRED WITH THIS DOCUMENT