

RUBEN P. GONZALEZ COUNTY TAX ASSESSOR-COLLECTOR

301 Manny Martinez Dr., • El Paso, Texas 79905 (915) 771-2300 • Fax (915) 771-2301

AFFIDAVIT OF FACT FOR A LIEN OVER TEN YEARS OLD

This is to certify	that I,		
am the registere	ed vehicle owner for	the following descr	ibed vehicle:
Year	Make	Body Style_	
VIN			_
I further state t	hat the lien recorde	d in favor of	
			(Specify Lien holder's Name)
with a lien date	of has l	oeen paid in full and	d lienholder cannot be
located. In acco	ordance to Transpor	tation Code 501.116	6, I hereby request
the Texas Depai	rtment of Motor Vel	nicles to issue the tit	le in my name free and
clear of the abov	ve referenced lien ho	older.	
	d Vehicle Owner		
Signature of Registered	d Vehicle Owner		Date

NOTE: If the negotiable Texas Certificate of Title has been lost or if it was never received from the lienholder, the above statement must be accompanied by a title application (Form 130U) for corrected title filed in the registered owners name in order to clear lien holder.