



Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing
TITLE LIEN STATEMENT

TC 96-187
July 2016

DEAL# 1133420
CUST# 1113121

<input checked="" type="checkbox"/> ORIGINAL FILING	<input type="checkbox"/> CONTINUATION Original File # _____ Original File Date _____	<input type="checkbox"/> TERMINATION Original File # _____ Original File Date _____
1. Debtor(s) Name and Address BRETT DANIEL LAMPE 3051 HERGOTT DR EDGEWOOD KY 41017	2. Secured Party Name and Address CAPITAL ONE AUTO FINANCE PO BOX 60511 CITY OF INDUSTRY CA 91716-0511	3. For Filing Officer (Date, Time, Number and Filing Officer)

4. Vehicle information:

<u>YEAR MODEL</u>	<u>MAKE</u>	<u>VEHICLE IDENTIFICATION NUMBER</u>	<u>ADDITIONAL DESCRIPTION</u>
2019 ESCAPE	FORD	1FMCU0GD5KUB76530	

NOTE:

- (1) This is a multi-purpose form that can only be used once. A new form must be completed by the Secured Party upon amendment, continuation, assignment, or termination. A termination statement must be signed by the secured party.
- (2) In compliance with KRS 186A.190 (2), "the notation of security interests relating to property required to be titled in Kentucky through the county clerk shall be done in the office of the county clerk of the county in which the debtor resides". Additional information regarding the required county of residence can be found in subsections (a-j) of KRS 186A.190 (2).

Authentication of Debtor(s)

05/01/2024

Date

Authentication of Secured Party(s)
(Required for filing a termination)

Date

Optional for County clerk use

Date & Time Processed: _____

Fees Collected: _____

Clerks initials: _____

KENTON COUNTY CLERK
05/10/2024 09:55:09 AM
MOTOR VEHICLE LIEN STATEMENT

SARAH COX
718706

\$0.00
197619

24051005900086



97797*1*TN-FI

File# 718706