

**AFFIDAVIT & ASSIGNMENT OF TITLE-SOLE HEIR**

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES  
Research  
600 New London Avenue ,Cranston, RI 02920-3024  
**www.dmv.ri.gov**

Now come(s) the undersigned, averring under penalty of perjury that  
\_\_\_\_\_ passed away on \_\_\_\_\_.  
(Name of Decedent) (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: \_\_\_\_\_

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 that 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 Deceased: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 before this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public Commission Expiration Date (MANDATORY)

**CERTIFIED COPY OF DEATH CERTIFICATE REQUIRED WITH THIS DOCUMENT**