

STATE OF NEW MEXICO - TAXATION & REVENUE DEPARTMENT MOTOR VEHICLE DIVISION			
MVD - 10009 REV. 05/13			
ANY ALTERATIONS OR ERASURES WILL VOID THIS DOCUMENT!			
Bill of Sale			
BEFORE FILLING OUT FORM CAREFULLY READ INSTRUCTIONS ON REVERSE SIDE			
VEHICLE OR VESSEL INFORMATION			Exact Sale Amount: \$ 750 2020/06/10
Year 2014	Make CHEVROLETE	Model CRUZE	Body Type (series)
Engine Number (if Applicable)	Vehicle or Hull Identification (Serial) Number 1G1PA5SHXE7127888		License Plate or Vessel Registration Number
State	Overall Vessel Length FT. IN.	Vessel Beam Width FT. IN.	Vessel Transom Depth FT. IN.
VEHICLE ODOMETER DISCLOSURE STATEMENT Federal and State Law Requires the Transferor (Seller) of a Vehicle to State the Odometer Mileage Upon Transfer of Ownership. Anyone Convicted of a Fraudulent Odometer Statement Will be Subject to Fines and/or Imprisonment. I (we) hereby certify that the ODOMETER READING of the vehicle described above is: _____ (no tenths) miles and that to the best of my knowledge stated mileage is (check one of the following): ☒ THE ACTUAL MILEAGE (AM)* ☐ MILEAGE IN EXCESS OF MECHANICAL LIMITS (EL)* ☐ WARNING! NOT THE ACTUAL MILEAGE ODOMETER DISCREPANCY (NM)* * = Mileage Codes Seller(s) Printed Name _____ Seller(s) Signature _____ X _____ Date _____ Buyer(s) Printed Name _____ Buyer(s) Signature _____ X _____ Date _____ EXPORT ONLY SELLER MUST REMOVE PLATE BEFORE TRANSFERRING OWNERSHIP OF THIS VEHICLE			
NOTE: The Division Is Not Responsible For False Or Fraudulent Statements Made In Connection With This Transfer Of Ownership Or Held Liable For Recording Errors.			
DEALERSHIP NAME type or print			Dealer License Number
LIENHOLDER'S NAME(S) type or print			Lienholder Number (if any)
Address			File Date 2020/06/10
City, State, Zip Code			Maturity Date
SELLER'S NAME(S) IF PRIVATE SALE type or print ARELLANO RIVERA MIGUEL ANGEL			
Address NOAH ST PO BOX 604			
City, State, Zip Code SANTA FE NEW MEXICO 80438			
For the Exact Amount Indicated, I (We) Hereby Sell, Transfer and Convey the Vehicle or Vessel Described Above, Warrant It to be Free of Any Liens or Encumbrances and Certify that All Information Given is True and Correct to the Best of My (Our) Knowledge.			
First Seller's Signature X	Date	Second Seller's Signature (if Joint Ownership) X	Date
BUYER'S NAME(S) type or print GAMBOA MENDOZA SANDRA LUZ			IMPORTANT: There is an Additional Statutory Fee for Failure by Purchaser to Apply for Transfer Within 30 Days from Date of Sale.
Address AV. ALLENDE 200 COL. ALVARO OBREGON			
City, State, Zip Code CUAUHTEMOC, CHIHUAHUA			