

Trustee's Statement for Certificate of Title

Vehicle Identification Number (VIN)

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Year	Make	Model	Body

Name of Trust

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Beneficiary

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Co-Beneficiary (if available)

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Co-Beneficiary (if available)

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If Trust Is From Another State, Include That State Here

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Date The Trust Instrument Was Executed

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Principal Trustee Name

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Trustee's Address (include apartment number if applicable)

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City	State	ZIP Code

Co-Trustee (if available)

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Co-Trustee's Address (include apartment number if applicable)

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City	State	ZIP Code

Co-Trustee (if available)

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Co-Trustee's Address (include apartment number if applicable)

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City	State	ZIP Code

Include the names, addresses and signatures of additional trustees (if applicable) on a separate page.

Include the names of additional beneficiaries on a separate page.

The persons signing below as trustees of the above-named trust swear or affirm that:

1. This is a valid trust and it is in existence at the time of this application.
2. They are duly appointed trustees of the above-named trust.
3. They have the authority to buy, sell, and register motor vehicles that are the property of the trust.
4. Their actions with respect to the transaction for which this document is provided are for the benefit of the beneficiaries of the trust.
5. They understand that the Colorado Department of Revenue requires this document be provided as part of an application for Certificate of Title made by a trust and that the penalties for providing false information in this document include those for perjury as provided under the Colorado Criminal code, Section 18-8-503, C.R.S.

Check if Applicable

☐ The trustees have the authority to grant a lien on motor vehicles that are the property of the trust.

☐ The trustees have the authority to record the release of liens against motor vehicles.

I hereby swear (or affirm) that the assertions are true of my own personal knowledge, and indemnify and hold harmless the Department of Revenue and the State of Colorado on account of the issuance of registration and/or ownership certificate on said vehicle.

I certify, under penalty of perjury in the second degree, that the above facts are true and accurate to the best of my knowledge.

Signature (Principal Trustee)

Date (MM/DD/YY)

Signature Co-Trustee (if available)

Date (MM/DD/YY)

Signature Co-Trustee (if available)

Date (MM/DD/YY)

If you have further questions about your trust, please contact your legal counsel.