**BILL OF SALE**

**SELLER**

Full Legal Name: Current Address:

Phone Number: Email:

**BUYER**

Full Legal Name: Current Address:

Phone Number: Email:

Details Of Property: Amount(s) Paid:

Notes/Sale Specifics:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Also, “Seller”) hereby relinquish the aforementioned property exactly as is stated, including *any* claims of ownership on this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I certify that any information given or any statements made regarding this transaction are, to the best of my knowledge, factual. If applicable, all documentation related to the property of interest has been relinquished to the Buyer. Unless otherwise stated in the “Notes/Sale Specifics” section this transaction is FINAL and the property transfers AS-IS without reservation of any warranty or insurance.

Seller Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Also, “Buyer”) hereby purchase the aforementioned property exactly as is stated, including *any* claim of ownership on this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I certify that any information given or any statements made regarding this transaction are, to the best of my knowledge, factual. If applicable, all documentation related to the property of interest has been acquired from the Seller. I understand that unless otherwise stated in the “Notes/Sale Specifics” section this transaction is FINAL and I accept this property AS-IS without reservation of any warranty or insurance.

Buyer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF APPLICABLE BY STATE LAW THIS SECTION IS RESERVED FOR THE BEARING OF TWO WITNESS SIGNATURES AND IF APPLICABLE BY STATE LAW THIS SECTION MUST ONLY BE FILLED OUT IN THE PRESENCE OF A NOTARY PUBLIC.

Witness Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_