

North Carolina Division of Motor Vehicles

**Joint Tenants with Right of Survivorship Affidavit**

VEHICLE SECTION				
YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER
OWNER'S SECTION				
Owner 1 ID # _____		_____		
		Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name		
Owner 2 ID # _____		_____		
		Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name		
<b>Joint applicants request this title to be issued with Joint Tenants with Rights of Survivorship?</b>				
Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Residence Address _____		City and State _____	Zip code _____	
Mail Address (if different from above) _____		City and State _____	Zip code _____	
Vehicle Location Address (if different from above) _____		City and State _____	Zip code _____	
<b>OWNER'S SIGNATURES</b>				
_____				
Date: _____ County: _____ State: _____				
I certify that the following persons personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:				
_____ (names of principals)				
Notary Signature: _____				
Notary Printed or Typed Name _____				(SEAL)
My Commission Expires: _____				