vitu

Cover Sheet - VA

Process Date: 10/09/2026
Transaction Id: 190020581
Titling State: VA
Military: N

5FPYK3F70KB003978 2019 HONDA
Used Passenger

Vehicle Info

Model: Ridgeline
Body Type: PICKUP (PK)
GVW: 7000
Fuel Type: Gas
Odometer Reading: 29040

Sale Information

Purchase Date: 09/28/2026
Sale Type: Purchase
Taxable Selling Price: 31,590.00
MSRP:
List Price:
Trade in Value:

Owner Info

Owner 1 Name: Samuel Reaves
Owner 2 Name:
Residence Address: 121 Oak Ridge Dr, Stephens City, Frederick, VA, 22655
Lessor Name:
Address:

Lienholder Info

Lienholder 1 Name:
Address:
Lienholder 2 Name:
Address:
Lienholder 3 Name:
Address:

Registration Information

Application Type: Title Only
Registration Action:
Registration Period:
Plate Number:
Expiration Date:

Final Destination

Send to: Reaves Samuel
Phone: (540)327-3648
Mailing Address: 121 Oak Ridge Dr, Stephens City, Frederick, VA, 22655

Fee Summary

VA SALES TAX (4.15%)	$1,310.99
TITLE FEE	$15.00
VITU FULL SERVICE FEE	$135.00
VA STATE VARIABLE FEES	$.00
Total	**$1,460.99**

Submitted By: Tahjria Sims
Phone: (602)574-1310
Location: Carvana Processing
Address: 1305 W 1st Street, Tempe, Maricopa, AZ, 85281

For Vitu use

Pre-Checker Name

Comments / Resolution:

RECEIVED
OCT 12 2026
BY:

For your paperwork to be processed faster, please send your transaction documents in the order they are listed on the checklist. Thank you!

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Virginia Department of Motor Vehicles
P.O. Box 27412 Richmond, Va. 23269-0001

Date: 10/16/2026

Receipt#: 38928900265

Customer Copy

Received of: REAVES 3RD,SAMUEL,HOWARD
121 OAK RIDGE DR
STEPHENS CITY, VA 226552326

The Amount due Of $1,325.99 In Payment For Original Title

TITLE FEES.....	$15.00	Amt Due:	$1,325.99
SALES & USE TAX.....	$1,310.99	Amt Paid Cash:	$1,325.99

By:_____
(Authorized Signature)

Teller:	389LAR
Log#:	00265
Date Paid:	10/16/26
Location:	GOOCHLAND SELECT
Settlement #:	3896289005
Customer #:	F24624875
Title #:	2827510367
VIN:	5FPYK3F70KB003978

Acknowledgement of Monies Received

For information available to Virginia veterans, review the Virginia Veterans Resource Guide developed by the Department of Veterans Services on their website at www.dvs.virginia.gov

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF MOTOR VEHICLES

CERTIFICATE OF TITLE FOR A VEHICLE

KEEP IN SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

THE DEPARTMENT OF MOTOR VEHICLES, COMMONWEALTH OF VIRGINIA, HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH, THAT THE APPLICANT NAMED ON THE FACE HEREON HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE, AND THAT, FROM THE STATEMENTS OF THE OWNER AND THE RECORDS ON FILE WITH THIS DEPARTMENT, THE HEREON DESCRIBED VEHICLE IS SUBJECT TO THE SECURITY INTEREST RECORDS ON FILE WITH THIS DEPARTMENT, AND AS DESCRIBED HEREON, IF ANY. THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH ALSO PROVIDE THAT ALL TITLE AND REGISTRATION INFORMATION IN THE OFFICE OF THE DEPARTMENT OF MOTOR VEHICLES IS PRIVILEGED AND ONLY SUBJECT TO DISSEMINATION TO AUTHORIZED AGENCIES, BUSINESS ORGANIZATIONS OR AGENTS, GOVERNMENTAL ENTITIES AND INDIVIDUALS UNDER THE CONDITIONS SPECIFIED BY MOTOR VEHICLE CODE SECTIONS 46.2-208, 46.2-209 AND 46.2-210.

ESTABLISHED 10/16/26 389 389LAR ORIGINAL

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	VEHICLE BODY	TITLE NO.
5FPYK3F70KB003978	2019	HONDA	PICKUP	2827510367

EMPTY WGT.	GROSS WGT.	GVWR	GCWR	AXLES	FUEL	SALES TAX PAID	ODOMETER	DATE ISSUED
4800	7500			2	GAS	1310.99	*29040*	10/16/26

OTHER PERTINENT DATA	ODOMETER BRAND	PRIOR TITLE NO.
OS	ACTUAL	

Name(s) and address(es) of vehicle owners:
REAVES 3RD, SAMUEL HOWARD
121 OAK RIDGE DR
STEPHENS CITY VA 22655-2326

THIS IS NOT A TITLE NUMBER
G56928277

NO LIENS

VOID IF ALTERED

A

• ASSIGNMENT OF TITLE BY OWNER •
• NOTIFY DMV WHEN VEHICLE IS SOLD •

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. The undersigned hereby certifies that the vehicle described in this title has been transferred to the following (printed name and address of Buyer(s)):

Buyer(s) Name _____

Street _____ City, State, Zip _____

_____ ODOMETER READING (No Tenths)

I certify to the best of my knowledge that the odometer reading is: ☐ ACTUAL Mileage ☐ NOT ACTUAL Mileage (odometer discrepancy) ☐ IN EXCESS of Mechanical Limits ☐ Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)

DATE OF SALE _____

SALE PRICE _____

Signature of Seller(s) _____ Printed Name of Seller(s) _____

Signature of Buyer(s) _____ Printed Name of Buyer(s) _____

I am aware of the above odometer certification made by the Seller(s)

I am aware of the above odometer certification made by the Seller(s)

Seller warrants this certificate of title except that at the time of transfer it may be subject to lien. See section F. Dealer's No. _____ Licensing Jurisdiction _____

VSA3L

Reassignment Form, Control No., (If applicable) _____
ANY ALTERATIONS OR ERASURE WILL VOID THIS CERTIFICATE OF TITLE AND IT MUST THEN BE SURRENDERED TO SECURE A REPLACEMENT.

PURCHASER MUST SECURE A NEW TITLE, OR SURRENDER THIS ONE TO DMV WITHIN 30 DAYS OF SALE DATE.

VSA3L REV. (11/23)

Log# _____ PLATE TYPE _____ PLATE NO. _____ EXPIRE DATE _____ ISSUED _____ TITLE NUMBER _____ DMV USE ONLY _____ CLERK INITIALS _____

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete the odometer disclosure statement or providing a false statement may result in fines and/or imprisonment.

B — DEALER REASSIGNMENT

I am aware of the dealer's odometer certification. Date of Sale _____ Sale Price _____

Buyer(s) Printed Name _____ Buyer(s) Signature _____

Buyer(s) Address _____ City _____ State _____ Zip Code _____

ODOMETER READING (No Tenths)

I certify to the best of my knowledge that the odometer reading is:
☐ ACTUAL Mileage ☐ NOT ACTUAL Mileage (odometer discrepancy) ☐ IN EXCESS of Mechanical Limits
☐ Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)

Dealer(s) Signature	Dealer(s) Printed Name	Dealer Number	Licensing Jurisdiction

The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.

C — DEALER REASSIGNMENT

I am aware of the dealer's odometer certification. Date of Sale _____ Sale Price _____

Buyer(s) Printed Name _____ Buyer(s) Signature _____

Buyer(s) Address _____ City _____ State _____ Zip Code _____

ODOMETER READING (No Tenths)

I certify to the best of my knowledge that the odometer reading is:
☐ ACTUAL Mileage ☐ NOT ACTUAL Mileage (odometer discrepancy) ☐ IN EXCESS of Mechanical Limits
☐ Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)

Dealer(s) Signature	Dealer(s) Printed Name	Dealer Number	Licensing Jurisdiction

The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.

D — DEALER REASSIGNMENT

I am aware of the dealer's odometer certification. Date of Sale _____ Sale Price _____

Buyer(s) Printed Name _____ Buyer(s) Signature _____

Buyer(s) Address _____ City _____ State _____ Zip Code _____

ODOMETER READING (No Tenths)

I certify to the best of my knowledge that the odometer reading is:
☐ ACTUAL Mileage ☐ NOT ACTUAL Mileage (odometer discrepancy) ☐ IN EXCESS of Mechanical Limits
☐ Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)

Dealer(s) Signature	Dealer(s) Printed Name	Dealer Number	Licensing Jurisdiction

The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.

E — PERSONAL PROPERTY TAX RELIEF

DOES YOUR VEHICLE QUALIFY FOR CAR TAX RELIEF?

If you can answer YES to any of the following questions, your motor vehicle is considered by State Law to have a business use and does NOT qualify for Personal Property Tax Relief.
- Is more than 50% of the vehicle's annual mileage used as a business expense for federal income tax purposes OR reimbursed by an employer?
- Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for Federal Income Tax purposes?
- Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code?
- If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual?

This vehicle is for ☐ Personal Use ☐ Business Use Check one of the boxes. See business use criteria above.

F — LIEN INF.

WITH LIEN ☐ YES ☐ NO

LIENOR'S NAME _____ LIENOR CODE _____ DATE OF LIEN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

G

VEHICLE COLOR: _____ REGISTRATION PERIOD: ☐ 1 YR ☐ 2 YRS ($2 discount) ☐ 3 YRS ($3 discount) (Emissions areas not eligible for 3 YR registration)

APPLICATION FOR REGISTRATION (LICENSE PLATES ISSUED)

INSURANCE CERTIFICATION: A vehicle must be insured with liability coverage when it is registered, and it must remain insured while registered, whether or not it is operated. Penalties are severe for violation of this requirement.

Certify that (check):

☐ This vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated.
Provide name of insurance company _____

POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA: Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.

PRIVACY NOTICE: The information, including Social Security Number, is requested in accordance with Virginia Code §§46.2-623 and 46.2-629. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. Title and registration records may be disseminated in accordance with §§46.2-208 through 46.2-214, to business, law enforcement or authorized government entities.

H — CERTIFICATION OF BUYER

NO PAPER TITLE - Check this box ☐ if you do not want a paper title issued to you. An electronic Certificate of Title will remain on the file for this vehicle at DMV.

If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either the owner or co-owner? ☐ YES ☐ NO

Are any of the vehicle owners on active military duty or service? ☐ YES ☐ NO

I/We certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my/our knowledge. I/We understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.

SIGNATURE OF APPLICANT _____ DATE _____

SOCIAL SECURITY NUMBER/FEIN OR CUSTOMER IDENTIFIER OF APPLICANT _____ PHONE NUMBER ( )

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Proof of Address (specify proof document presented) _____

EMAIL ADDRESS OF APPLICANT _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

SOCIAL SECURITY NUMBER/FEIN OR CUSTOMER IDENTIFIER OF CO-APPLICANT _____ PHONE NUMBER ( )

EMAIL ADDRESS OF CO-APPLICANT _____

VEHICLE PRINCIPALLY GARAGED IN CITY, TOWN, COUNTY OR STATE OF
☐ CITY OR TOWN OF _____ ☐ COUNTY OF _____

DMV USE ONLY

SALE PRICE $ _____ BEFORE TRADE IN ALLOWANCE

TAX $ _____ (MINIMUM TAX MAY APPLY)

TITLE FEE $ _____

TRANSFER FEE $ _____

REG FEE $ _____

WT INCREASE FEE $ _____

PERSONALIZED PLATE FEE $ _____

UMV FEE $ _____

OTHER $ _____

TOTAL $ _____