vitu

Cover Sheet - OH

Process Date	Transaction Id
10/13/2026	192810542

Titling State	Military
OH	N

KM8R7DGE3RU673202 2024 HYUNDAI
Used Passenger

Vehicle Info

Model: PALISADE
Body Type: Sport Utility Vehicle
GVW: 6000
Fuel Type: Gasoline
Odometer Reading: 36890

Sale Information

Purchase Date: 09/29/2026
Sale Type: Purchase
Taxable Selling Price: 39,500.00
MSRP:
List Price:
Trade in Value:

Owner Info

Owner 1 Name: RACHEL SCOTT ROTH
Owner 2 Name:
Registered Address: 42300 NATIONAL RD, BELMONT, Belmont, OH, 43718
Lessor Name:
Address:

Lienholder Info

Lienholder 1 Name: BANK OF AMERICA
Address: 9000 SOUTHSIDE BLVD, JACKSONVILLE, DUVAL, FL, 32256
Lienholder 2 Name:
Address:
Lienholder 3 Name:
Address:

Registration Information

Application Type: Title & Registration
Registration Action: New Registration
Registration Period:
Plate Number:
Expiration Date:

Final Destination

Send to: SCOTT ROTH RACHEL
Phone: (740)814-6788
Mailing Address: 42300 NATIONAL RD, BELMONT, Belmont, OH, 43718

Fee Summary

REGISTRATION FEE	$35.00
LOCAL TAX	$25.00
REFL/CO FEE	$.50
DEPUTY FEE	$8.00
INSPECTION FEE	$1.50
TITLE FEE	$18.00
OH STATE TAX (5.75%)	$2,271.25
OH COUNTY TAX (1.5%)	$592.50
VITU FULL SERVICE FEE	$165.00
OH STATE VARIABLE FEES	$10.00
Total	**$3,126.75**

Submitted By: Melinda Powell
Phone: (724)222-2213
Location: Washington Hyundai
Address: 305 Washington Rd, Washington, Washington, PA, 15301

For Vitu use

Pre-Checker Name

Comments / Resolution:

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

Copyright © 2026 Vitu, Inc. All rights reserved.
PROPRIETARY MATERIAL. This material is proprietary and subject to the terms and conditions contained in Vitu's Master Services Agreement. Unauthorized sharing or distribution to third parties is strictly prohibited.

STATE OF OHIO - BUREAU OF MOTOR VEHICLES
CERTIFICATE OF REGISTRATION

PLATE NO.: LBY1705 **REG. DATE:** 09/29/2026 **EXP. DATE:** 08/11/2027 **ISSUE DATE:** 10/29/2026 **APP NO.:** 717836ME
VALIDATION NO.: 708LBY1705 **AGENCY:** 7726
OWNER NAME: RACHEL MARIE SCOTT ROTH **VEHICLE OWNERSHIP:** SINGLE **USER ID:** JC

OWNER ADDR.: 42300 NATIONAL RD
CITY: BELMONT
STATE OH **ZIP:** 43718-9727
TAX DISTRICT: UNION TOWNSHIP
COUNTY: BELMONT
INSIDE CORP LIMIT: NO
VEHICLE YEAR: 2024
BODY TYPE: SW

VEHICLE CLASS: PASSENGER
ODOMETER READING: 36,890
MAKE: HYUN

Anatomical donor: Yes. Upon my death, I make an anatomical gift of my organs, tissues and eyes for any purpose authorized by law.

STATE FEES: $35.00

CERTIFICATE TITLE NO.: 6703441659
VEH. SERIAL NO.: KM8R7DGE3RU673202
PURCHASE DATE: 09/29/2026

PLATE TYPE: SUNRISE IN OHIO
REG TYPE: NEW

SUSPENSION/REVOCATION: NO
PRIOR OPERATION: YES
FEES PAID: NO

LOCAL TAX: $20.00
REFL./CO. FEE: $0.50
DEPUTY FEE: $8.00
TOTAL FEES: $63.50

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- PROOF OF COVERAGE IS REQUIRED: Whenever a police officer issues a traffic ticket*At all vehicle inspection stops*Upon traffic court appearances.

- ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:*Lose his or her driver license until requirements are met on first offense, ONE YEAR on second offense, and TWO YEARS on additional offenses*Pay reinstatement fees of $40.00 for first offense, $300.00 for second offense, $600.00 for third and subsequent offenses*Be required to maintain special FR coverage (SR-22) on file with the Bureau of Motor Vehicles (BMV) for ONE YEAR.
- IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE: In addition to all the penalties listed above, you may have*A SECURITY SUSPENSION for TWO YEARS or more and*A JUDGEMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.
- WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.
- WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:*AN INSURANCE POLICY showing automobile liability insurance of at least $25,000 bodily injury per person, $50,000 injury two or more persons, and $25,000 property damage*AN INSURANCE IDENTIFICATION CARD (same coverage)*A SURETY BOND OF $30,000 issued by any authorized surety company or insurance company*A BMV BOND SECURED BY REAL ESTATE having equity of at least $60,000*A BMV CERTIFICATE FOR MONEY in the amount of $30,000 on deposit with the Registrar of Motor Vehicles *A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

PROOF OF FINANCIAL RESPONSIBILITY

I affirm that all owners (or lessees of leased vehicle) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle without FR coverage; all previous registration fees due have been paid; this plate category is correct; and this vehicle will not be used as a commercial or farm vehicle unless so registered.

By signing below I agree to and attest that all the above is true and accurate,

X *SIGNATURE ON FILE*

SIGNATURE OF OWNER(S) DATE

WARNING: APPLICANT GIVING FALSE INFORMATION IS SUBJECT TO PROSECUTION-O.R.C. SEC. 2921.13.
APPLICATION MUST BE SIGNED BY THE OWNER(S) AS NAMED ON CERTIFICATE OF TITLE.

DO NOT DISCARD.
THIS IS YOUR VEHICLE REGISTRATION CERTIFICATE.

NON-NEGOTIABLE - FOR REGISTRATION ONLY

ISSUING COUNTY PORTAGE
ISSUING TITLE OFFICE # 6701
RESIDENT COUNTY BELMONT

STATE OF OHIO
MEMORANDUM TITLE

TITLE No. 67 0344 1659
ISSUE DATE 10/28/2026

IDENTIFICATION NUMBER	YEAR	MAKE	MAKE DESCRIPTION
KM8R7DGE3RU673202	2024	HYUN	HYUNDAI

CONVERSION	MILEAGE	BODY TYPE	MODEL DESCRIPTION
	36,890	SW	PALISADE

EVIDENCE
PA-86486789302

MILEAGE NOTATION
ACTUAL

COMMENTS

PURCHASE PRICE	TAX
$39,500.00	$2,863.75

NOTATION(S)

OWNER(S)
RACHEL MARIE SCOTT ROTH

42300 NATIONAL RD
BELMONT, OH 43718

PREVIOUS OWNER(S)
WASHINGTON HYUNDAI

305 WASHINGTON RD
WASHINGTON, PA 15301

FIRST LIENHOLDER
BANK OF AMERICA NA

DATE OF LIEN 10/27/2026

P.O. BOX 2759
JACKSONVILLE, FL 32203

MEMORANDUM TITLE
SAVE
LEGAL DOCUMENT

PORTAGE COUNTY CLERK OF COURTS RAVENNA, OHIO

WITNESS MY HAND AND OFFICIAL SEAL THIS 28TH DAY OF OCTOBER, 2026

%240262775

JILL FANKHAUSER BNJ
CLERK OF COURTS G BNJ

RECEIPT

STATE OF OHIO

PORTAGE COUNTY
JILL FANKHAUSER
CLERK OF COURTS

6703441659

10/28/2026 9:19:47 AM

Batch Number: 57369804 - 1 **Bass Receipt Number:**
Receipt Name: VITU
Control Number: 240262775 **County of Residence:** BELMONT **Year:** 2024
VIN: KM8R7DGE3RU673202 **Make:** HYUN **Make Desc:** HYUNDAI
Model Desc: PALISADE
Body Type: SW **Brand 1:**
Brand 2:
Brand 3:

Owner Information

RACHEL MARIE SCOTT ROTH

Previous Owner Information

Name: WASHINGTON HYUNDAI
Vendor Number: **Dealer Permit Number:** **DBA:**

Lienholder Information

Lienholder 1: BANK OF AMERICA NA

☑ Memo Issued

Property/Tax Information

Purchase Date:	09/29/2026
Purchase Price:	$39,500.00
Trade-in Amount:	$0.00
Taxable Amount:	$39,500.00
Sales Tax:	$2,863.75
Sales Tax Credit:	$0.00
Vendor Discount:	$0.00
Total Tax:	$2,863.75

Fee Information

Title Fee:	$18.00
Inspection Fee:	$1.50
Total Fees:	$19.50
Total:	$2,883.25

G
BNJ

OHIO CERTIFICATE OF TITLE

ISSUING COUNTY PORTAGE
ISSUING TITLE OFFICE # 6701
RESIDENT COUNTY BELMONT

STATE OF OHIO

TITLE No. 67 0344 1659
ISSUE DATE 10/28/2026

ORIGINAL

IDENTIFICATION NUMBER
KM8R7DGE3RU673202

YEAR
2024

MAKE
HYUN

MAKE DESCRIPTION
HYUNDAI

CONVERSION

MILEAGE
36,890

BODY TYPE
SW

MODEL DESCRIPTION
PALISADE

EVIDENCE
PA-86486789302

MILEAGE NOTATION
ACTUAL

COMMENTS

PURCHASE PRICE
$39,500.00

TAX
$2,863.75

NOTATION(S)

OWNER(S)
RACHEL MARIE SCOTT ROTH

42300 NATIONAL RD
BELMONT, OH 43718

PREVIOUS OWNER(S)
WASHINGTON HYUNDAI

305 WASHINGTON RD
WASHINGTON, PA 15301

FIRST LIENHOLDER
BANK OF AMERICA NA

DATE OF LIEN 10/27/2026

P.O. BOX 2759
JACKSONVILLE, FL 32203

LIEN DISCHARGE
Lienholder

by: _____
Authorized Signature Date

CLERK LIEN CANCELLATION
by: _____
Deputy Clerk Date

WITNESS MY HAND AND OFFICIAL SEAL THIS 28TH DAY OF OCTOBER, 2026

PORTAGE COUNTY CLERK OF COURTS RAVENNA OHIO

%240262775

%240262775

JILL FANKHAUSER
CLERK OF COURTS

G BNJ
BNJ

ERASURES AND ALTERATIONS VOID THIS TITLE

ERASURES AND ALTERATIONS VOID THIS TITLE

TITLE DOCUMENT CONTAINS OHIO WATERMARK WHICH IS VISIBLE WHEN HELD TO LIGHT

BMV 3800 1/19 [760-1503]

ASSIGNMENT OF OWNERSHIP This vehicle was a (if applicable): ☐ Law Enforcement Vehicle ☐ Flood Vehicle ☐ Taxi

WARNING TO TRANSFEROR AND TRANSFEREE (SELLER AND BUYER): You are required by law to state the true selling price. A false statement is in violation of section 2921.13 of the Revised Code and is punishable by six months' imprisonment or a fine of up to one thousand dollars, or both. All transfers are audited by the department of taxation. The seller and buyer must provide any information requested by the department of taxation. The buyer may be assessed any additional tax found to be due.

To be completed by Seller and signed in front of Notary/Authorized Officer

Buyer(s) Printed Name(s) _____

Buyer(s) Printed Address _____

I (we) certify the vehicle/watercraft/outboard motor described in this title was transferred on ____/____/____ for the price of $_____ to the above listed buyer(s).

ODOMETER CERTIFICATION: Federal and state laws require that you state the mileage in connection with transfer of ownership. Failure to complete or providing false information may result in fines and imprisonment.

Odometer Reading:

☐☐☐,☐☐☐ Miles (no tenths)

Thousands

Seller is a minor ☐ Yes ☐ No If yes, BMV 3751 Form required

I (we) warrant the title to be free of all liens.

I (we) hereby certify that to the best of my (our) knowledge:

Check one (Mileage status information will print on the front of the title)

☐ The odometer reading reflects the actual mileage

☐ The odometer reading is in EXCESS of the mechanical limits

☐ The odometer reading is not the actual mileage (e.g., Broken odometer) - WARNING-ODOMETER DISCREPANCY

☐ Exempt from mileage disclosure (e.g., APV, Repossession, Inheritance)

_____ X _____

Seller's Printed Name — Seller's Signature **(Must sign in front of Notary/Authorized Officer)**

_____ X _____

Additional Seller's Printed Name (if applicable) — Additional Seller's Signature (if applicable) **(Must sign in front of Notary/Authorized Officer)**

_____

Seller's Printed Street Address — City — State — Zip

****Note** All applicable blank spaces above must be completed before acknowledgement by notary**

Notary/Authorized Officer

Sworn to and subscribed in my presence this _____ day of _____, 20_____,

in _____ County, State of _____.

X _____ _____

Signature of Notary Public or other Authorized Officer by law — My commission expires

BUYER'S ACKNOWLEDGEMENT OF ABOVE ODOMETER CERTIFICATION

_____ X _____

Buyer's Printed Name — Buyer's Signature

_____ X _____

Co-Buyer's Printed Name (if applicable) — Co-Buyer's Signature (if applicable)

To be completed by Applicant/Buyer and signed in front of Notary/Authorized Officer

APPLICATION FOR CERTIFICATE OF TITLE (Type or print in Ink.)

Check Type of Application(s): ☐ Motor Vehicle ☐ Memorandum ☐ Watercraft ☐ Outboard Motor ☐ Salvage

Applicant's Printed Name _____ SSN/EIN _____

Co-Applicant's Printed Name (if applicable) _____ SSN/EIN _____

Applicant's Printed Address _____

Street — City — State — Zip — County

Purchase Price $_____ Gross Tax Due $_____ Vendor's Discount $_____ Tax Paid $_____

If Tax Exempt, state reason _____ Dealer Permit # _____ Vendor # _____ Trade in $_____

LIEN INFORMATION: If no lien, state "none." If more than one lien, attach statement of all additional liens.

Lienholder _____ E-Lien # _____

Lienholder Address _____

Condition of vehicle/watercraft/outboard motor (check only one) ☐ Good ☐ Fair ☐ Poor ☐ Wrecked Print Title ☐ Yes ☐ No

With Right of Survivorship ☐ Yes ☐ No Transfer on Death ☐ Yes ☐ No If yes, BMV 3811 Form required

Applicant is a minor ☐ Yes ☐ No If yes, provide Date of Birth ____/____/____ and BMV 3751 Form required

I (we) state that all information contained in this application is true and correct.

X _____

Applicant's Signature **(Must sign in front of Notary/Authorized Officer)**

X _____

Co-Applicant's Signature (if applicable) **(Must sign in front of Notary/Authorized Officer)**

****Note** All applicable blank spaces above must be completed before acknowledgement by notary**

Notary/Authorized Officer

Sworn to and subscribed in my presence this _____ day of _____, 20_____,

in _____ County, State of _____.

X _____ _____

Signature of Notary Public or other Authorized Officer by law — My commission expires

LATE FEE OF $5.00 FOR FAILURE TO APPLY FOR TITLE WITHIN 30 DAYS OF ASSIGNMENT.