

**HARDIN COUNTY FISCAL COURT
RESOLUTION NO. 2024-045**

BE IT RESOLVED, upon recommendation of Judge/Executive Keith L. Taul to accept the surplus Crossroads Sunset Travel Trailer, Serial #4YDTSSL21N5350132 from Kentucky Emergency Management, as authorized by applicable state statutes and regulations.

ADOPTED, by the Hardin County Fiscal Court in its regular meeting of 27 February 2024.



Keith L. Taul
Hardin County Judge/Executive

ATTEST:



Brian D. Smith
Hardin County Clerk

INSTRUCTION for Form B217-42A: Form to be filled out by the requesting agency and returned to the surplus agency. Form to be attached by the surplus agency to the B217-2 Declared Surplus form.

The agency requesting this property certifies that it:

- a. Is a unit of local government or a nonprofit organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code or a nonprofit organization eligible to receive federal surplus property pursuant to 41 C.F.R. 101-44.207(c).
- b. Shall use the property for public purposes or to further its nonprofit mission and that it is not being acquired for other purposes, for sale, or for permanent use outside the Commonwealth.
- c. Shall use all property received for at least one (1) year from date of receipt unless prior approval is granted for an alternate minimum use requirement by the Division of Surplus Property, Finance and Administration Cabinet.
- d. Shall pay to the Commonwealth the proceeds of disposal or the fair market value or fair rental value of the property if the property is put into personal or other ineligible use, or, is sold, traded, leased, or otherwise disposed of, within twelve (12) months of receipt, without approval of the Commonwealth. Such payment shall be determined as of the time of such disposal or ineligible use, and shall be at the option of and as determined by the state agency. Payment shall not preclude any other legal action that the state may pursue if criminal violation is suspected.
- e. Shall, if requested during the twelve (12) months after receipt, report to the state agency the condition, use, and location of, answer other questions about, and allow inspection of the property.
- f. Accepts the property "as is" and "where is" without warranty of any kind.
- g. Holds the Commonwealth of Kentucky harmless from any and all losses, claims, expenditures, actions, causes of action, costs, damages, and obligations arising from this transaction and from the use of the property and the acts of the donee recipient, its agents, employees, and licensees that may result in injury to person or persons, damage to property, or loss of any sort, and to indemnify the Commonwealth of Kentucky from any and all liability, loss, or damage that it may suffer resulting therefrom or any other claims or judgments resulting therefrom.
- h. Shall title any transferred property for which titles are required in the name of the recipient agency.

**COMMONWEALTH OF KENTUCKY
CERTIFICATE OF TITLE**

TITLE NO. 231070370099	YEAR 22	MAKE SUNS	MODEL NAME 242BH	VIN/HIN 4YDTSSL21N5350132	TITLE TYPE ORIGINAL	MODEL NO. CAMP
BODY TYPE TV	COLOR UNK	NO. CYL 00	ODOMETER 0	MOTOR NO.	WEIGHT	PREV. TITLE NO/STATE

BRAND(S)

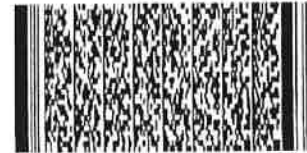
REMARKS:

DATE OF ISSUE 05/01/23 FUEL

USAGE TAX PAID
0.00

OWNER(S) NAME

M35-6 COK DEPT OF MILITARY AFFAIRS
100 MINUTEMAN PKWY
FRANKFORT KY 40601-6120



FIRST LIENHOLDER

Notation No	FIRST LIEN	County	Notation No	SECOND LIEN	County
Filing Date			Filing Date		
Released By			Released By		
County Clerk's use Only		Date	County Clerk's use Only		Date

SECOND LIENHOLDER

I certify that the Department of Vehicle Regulation has exercised due diligence in examining an application for a certificate of title for the above described vehicle and to the best of our knowledge and belief the applicant whose name appears above is the lawful owner of the apparently legitimate vehicle described herein.



Commissioner, Department of Vehicle Regulation, Kentucky Transportation Cabinet

CONTROL NO. C33659127

*** TRANSFER OF TITLE BY OWNER: 49 USC SEC. 32705 AND KRS 199.369 REQUIRE THAT YOU STATE THE VEHICLE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE, OR PROVIDING A FALSE STATEMENT, MAY RESULT IN PENALTIES. ***

FIRST DEALER ASSIGNMENT

The undersigned owner hereby certifies that the vehicle described in this title has been transferred to the following (print name and address of transferee/buyer):

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

****CAUTION READ CAREFULLY BEFORE YOU CHECK A BLOCK****

1. The mileage stated is in excess of its mechanical limits.

2. The odometer reading is not the actual mileage. **WARNING — ODOMETER DISCREPANCY**

Odometer Reading (no letters)

Transferor/Seller Signature _____ Transferee/Buyer Signature _____

Transferor/Seller Printed Name _____ Transferee/Buyer Printed Name _____

Date of Transfer _____ Seller/Dealer No. _____ Buyer/Dealer No. _____

Subscribed and attested before me on this date ____ MM ____ DD ____ YY. My Commission expires ____ MM ____ DD ____ YY. Signature/Title _____

Commission No. _____

DEALER ONLY

SECOND DEALER ASSIGNMENT

The undersigned owner hereby certifies that the vehicle described in this title has been transferred to the following (print name and address of transferee/buyer):

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

****CAUTION READ CAREFULLY BEFORE YOU CHECK A BLOCK****

1. The mileage stated is in excess of its mechanical limits.

2. The odometer reading is not the actual mileage. **WARNING — ODOMETER DISCREPANCY**

Odometer Reading (no letters)

Transferor/Seller Signature _____ Transferee/Buyer Signature _____

Transferor/Seller Printed Name _____ Transferee/Buyer Printed Name _____

Date of Transfer _____ Seller/Dealer No. _____ Buyer/Dealer No. _____

Subscribed and attested before me on this date ____ MM ____ DD ____ YY. My Commission expires ____ MM ____ DD ____ YY. Signature/Title _____

Commission No. _____

DEALER ONLY