## **California Notarized Bill of Sale Form**

Date: (mm/dd/yyyy)	
1. THE PARTIES	
SELLER:	BUYER:
Full Name:	Full Name:
Street Address:	Street Address:
City:	City:
State:	State:
ZIP:	ZIP:
Phone Number:	Phone Number:
Email Address	Email Address
2. DESCRIPTION OF PROPERTY  • Item Description:  • Make:  • Model:  • Year:  • Serial Number (if applicable):	

•	Other Identifiers (if any):
3. PUR	CHASE PRICE
The to	tal purchase price for the property described above is \$
4. PAY	MENT TERMS
•	Payment Method: (check one)    Cash
	<ul><li>Check (Check Number:)</li><li>Money Order</li></ul>
	<ul><li> Credit Card</li><li> Other:</li></ul>
•	Payment Plan (if any):
	IDITION OF PROPERTY
ne pr	operty is sold "as is" with no warranties, express or implied, except:
6. SEL	LER'S DISCLOSURE
	The seller declares that the property is free of all liens, claims, and encumbrances, and that the seller has full legal right to sell the same.  The seller has provided all known information about the property's
	condition:

## 7. BUYER'S ACKNOWLEDGEMENT

• The buyer acknowledges that they have inspected the property to their satisfaction and accepts the property in its current condition.

## **8. ADDITIONAL TERMS**

	9. SIGNATURES				
By signing below, both parties agree to the	he terms and conditions outlined in this				
Notarized Bill of Sale.					
Seller's Signature:	Date:				
Printed Name:					
Buyer's Signature:	Date:				
Printed Name:					
NOTARY ACKNOWLEDGEMENT					
State of California					
County of					
	efore me.				
On this day of, 20, b					
personally appeared	, who proved to me on the				
personally appearedbasis of satisfactory evidence to be the p	, who proved to me on the person(s) whose name(s) is/are				
personally appeared basis of satisfactory evidence to be the p subscribed to the within instrument and a	, who proved to me on the person(s) whose name(s) is/are acknowledged to me that he/she/they				
On this day of, 20, because of satisfactory evidence to be the peculosus of satisfactory evidence to be the peculosus of the within instrument and a executed the same in his/her/their author his/her/their signature(s) on the instrume	, who proved to me on the person(s) whose name(s) is/are acknowledged to me that he/she/they rized capacity(ies), and that by				

that the foregoing paragraph is true and correct.

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WITNESS my hand and official seal.	
Signature:	(Seal)
Notary Name:	_
Notary Commission Expiration Date:	