



MISSOURI DEPARTMENT OF
REVENUE
Statement of Trust

Trust	The following Trust is the subject of this statement:			
	Trust Name			
	Trust Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __			
	Federal Identification Number or Social Security Number (SSN) of the Decedent			
	Grantor's Name			
Grantor's Street Address		City	State	Zip

Trustee(s)	The Trustee(s) currently serving are:			
	Name			
	Name			
	Name			
	Name			
	Name			
	Name			

Signature	The Trust is currently in full force and effect.			
	We certify that we are the acting Trustees and have been granted, by the terms of the trust, unlimited authority to sell, assign, dispose, or otherwise transfer any interest in any vehicles, vessels, outboard motors, or manufactured homes to or from this trust.			
	We certify that the foregoing statements are true and correct under penalty of perjury.			
	This statement was executed at _____ County, Missouri on __ __ / __ __ / __ __ __ __ County (or City of St. Louis)			
By execution of this document, the undersigned acknowledges that all information contained on this form is a public record under Chapter 610 and may be disclosed upon proper request.				
Signature of the Trustee(s)				

Form 4441 (Revised 02-2019)

This form must be attached to your motor vehicle registration application.

Motor Vehicle Bureau
301 West High Street – Room 370
Jefferson City, MO 65101

Phone: (573) 526-3669

Visit <http://www.dor.mo.gov/motorv/>
for additional information.

