

## STATEMENT OF FACT for OUT-OF-STATE EVIDENCE

VTR-221 (9/11)

VEHICLE INFORMATION							
VEHICL	E IDENTIFICATION N	UMBER					
YEAR			MAKE	BODY	STYLE	STATE OF TITLE ISSUANCE	
			INSURA	NCE COMPA	NY IN	IFORMATION	
NAME (	OF INSURANCE CO	OMPANY					
ADDRE	SS						
CITY					STATE	ZIP CODE	
		,	`				
TELEPI	HONE NUMBER		)				
							I
		Na	ame of Insurance Comp	anv		, an applicant for	a Vehicle Title on
the a	above descril		nicle certifies th				
1.			mpany is licens				
2.	Has acquir	ed the	above describ	ed vehicle thr	ough p	ayment of a claim, own	ership or possession
3.	Either:						
	a. The follo	wing a	ction occurred	in Texas (ched	k one	and provide loss location	າ)
	□ Da	amage	occurred in Te	xas			
		Loss	Location:				
	☐ Th	neft occ	curred in Texas	i			
		Loss	Location:				
	☐ Th	neft rec	overy occurred	I in Texas			
		Loss	Location:				
	□ O:	ther (pl	ease explain)				
			-				
	OR_						
	b. The ver	nicle ov	vner is a Texas	resident (prov	/ide le	xas address):	
						r Texas Registration P	
						r state, but is active dut dited Texas college or u	
	ισλαδ	oi is a	TAIT-LITTIE SLUUE	it atteriumy al	1 40016	anda Taxas college of ul	nversity.
	SIGNATURE OF	INSUR <i>A</i>	NCE COMPANY E	MPLOYEE		PRINTED NAME	DATE