

Keep this document to show to the police and courts.

MV-639CR (2/18)

NEW YORK STATE REGISTRATION DOCUMENT



E PAS
APY2901
1967 AUSTI TRANSFERABLE
2DSD BL HBJ8L39626
2490 G 6 I7372424 JUL 01 2019
Wt/Seats Fuel/Cyl WEB WEBCDA

Expires 08/26/21

SIMON, CLAUDE 20.25
71 TONJES RD 12723 ANNUAL CHG
CALLICOON NY AMT PAID (INCL ADD CHG)

776876DP VOID IF ALTERED EXCEPT FOR ADDRESS 50.50



FS-20 (4-72) **NEW YORK STATE INSURANCE IDENTIFICATION CARD**

Company Name & Address of Insurer

Code State Farm Mutual Automobile Insurance Company
328 PO Box 8000
Ballston Spa, NY 12020-8000

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 8 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic law to:

State Farm

POLICY NUMBER

737 1117-B15-32D

SIMON, CLAUDE

71 TONJES RD

CALLICOON NY 12723-5729

EFFECTIVE DATE

AUG 15 2019 12:01 a.m. FEB 15 2020 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date)

Applicable with respect to the following Motor Vehicle

Year Make

1967 AUSTIN

Vehicle Identification Number

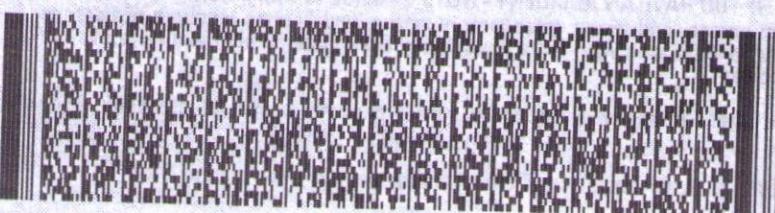
HBJ8L39626

AGENT PHONE # (518)602-3333

EXPIRATION DATE

2252-AC5

NAIC 25178



MUTL VOL

SEE IMPORTANT MESSAGE ON REVERSE SIDE

4-A
SYS PENDS