



POWER OF ATTORNEY

Vehicle Identification Number	Year	Make	Body Style
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Attorney-In-Fact (individual or organization you wish to act for you in this matter)			
Mailing Address	City	State	Zip

I appoint the Attorney-In-Fact above, to sign all papers and documents required to secure the title, and further grant the authority to endorse and transfer title thereto, for the vehicle described above.

Buyer/Seller/Owner Name	Driver License Number	Date of Birth	
Mailing Address	City	State	Zip
Signature			

Acknowledged before me this date.

Notary or MVD Agent Signature

Date	County	State	Commission Expires
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