

POWER OF ATTORNEY

Date _____

I hereby appoint _____
Name

of _____
Address

as my attorney-in-fact to apply for Certificate or Duplicate Certificate of Title to, or receive Certificate of Title to, or transfer Title to (and/or) Register or License. The motor vehicle described as:

Make	Year Model	Body Style	Model
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Manufacturer's I. D. No. (serial number)	License Number	State & Year
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and for said purpose(s) to sign my Name and do all things necessary to this appointment.

Signature of Owner(s)

Permanent Mail Address

Sworn to and subscribed before me this _____ day of _____

19____.

Notary Public

My Commission Expires _____