

# MINNESOTA VEHICLE POWER OF ATTORNEY

## IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your vehicle for you (the principal). Your agent will be able to make decisions and act with respect to your vehicle.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

**If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.**

## DESIGNATION OF AGENT

I, \_\_\_\_\_ [Principal name] of \_\_\_\_\_  
[Address], authorize \_\_\_\_\_ of \_\_\_\_\_  
[Address], as my agent (attorney-in-fact) to act for me and in my name and for my use and benefit concerning the following vehicle:

Model _____	Make _____	Price \$ _____
Body Style _____	Color _____	Year _____
License Plate Number _____	Vehicle Identification Number (VIN) _____	

If my agent is unable or unwilling to act for me, I name \_\_\_\_\_ of  
\_\_\_\_\_ [Address] as my successor agent.



**GRANT OF AUTHORITY**

I grant my agent and any successor agent the power and authority to act for me concerning the aforementioned vehicle, with respect to the following subjects:

Registration. Transfer my vehicle's title (ownership), register my vehicle, and renew its registration with the Department of Motor Vehicles.

Purchase and Sale. Buy, sell, and negotiate terms for my vehicle.

Maintenance and Repairs. Make decisions regarding the maintenance and repair for my vehicle including selecting the service provider and agreeing to the costs.

Insurance. Handle insurance matters for my vehicle including filing claims and paying premiums.

Storage. Make decisions related to where to store and park my vehicle.

**LIMITATION ON AGENT'S AUTHORITY**

The following are excluded from the power and authority granted to my agent:

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**SPECIAL INSTRUCTIONS (OPTIONAL)**

You may give special instructions on the following lines:

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**EFFECTIVE DATE**



This power of attorney shall be effective  immediately  on \_\_\_\_\_, 20\_\_\_\_.

### TERMINATION

This power of attorney shall terminate: (Check one)

On a specific date. On \_\_\_\_\_, 20\_\_\_\_.

Upon the principal's death. In the event of my subsequent death.

(Check one)

DURABLE Power of Attorney. This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time.

REGULAR Power of Attorney. This power of attorney shall terminate if I become disabled or incapacitated.

In addition, this power of attorney shall terminate anytime by a Revocation of Power of Attorney that I execute.

### RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

### SIGNATURE AND ACKNOWLEDGMENT

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Address

\_\_\_\_\_



Telephone Number

**WITNESS SIGNATURES**

I hereby acknowledge that the foregoing Power of Attorney was signed by \_\_\_\_\_  
[Principal name] in my presence.

FIRST WITNESS:

\_\_\_\_\_  
**First Witness' Signature** Date

\_\_\_\_\_  
**First Witness' Name**

\_\_\_\_\_  
**First Witness' Address**

\_\_\_\_\_  
City State Zip Code

SECOND WITNESS:

\_\_\_\_\_  
**Second Witness' Signature** Date

\_\_\_\_\_  
**Second Witness' Name**

\_\_\_\_\_  
**Second Witness' Address**

\_\_\_\_\_  
City State Zip Code



**NOTARY ACKNOWLEDGEMENT**

State/Commonwealth of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_ [Principal name], personally known to me or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same and that by his/her signature on this instrument the person executed this instrument.

\_\_\_\_\_  
Signature of Notary

(Seal, if any)

My commission expires: \_\_\_\_\_

