



I (we) hereby appoint, _____ as my (our) attorney-in-fact for the (If insurance company involving total loss, complete boxes immediately below.)

Insurance Company Name	Date of Total Loss ____/____/____
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purpose of:

- Transferring ownership for the following described unit:
- Making application for title for the following described unit:
- Making application for registration for the following described unit:

Year (YYYY)	Make	Identification Number
____	____	____

with the full authority to sign on my (our) behalf all papers and documents and to do all that is necessary to this appointment.

Signature	Owner's Printed Name	
	Owner's Signature*	Date (MM/DD/YYYY) ____/____/____
	Owner's Printed Name	
	Owner's Signature*	Date (MM/DD/YYYY) ____/____/____
	Owner's Printed Name	
	Owner's Signature*	Date (MM/DD/YYYY) ____/____/____

Notary Information	Note: License Office notary service - \$2.00		
	Embosser or black ink rubber stamp seal*	Subscribed and sworn before me, this _____ day of _____ year	
		State	County (or City of St. Louis)
	Notary Public Signature		
	Notary Public Name (Typed or Printed)		

* Owner(s) electronic signature is permissible ONLY when assigning power of attorney to an insurance company due to total loss. Notarization is not required if signing electronically.

