LIMITED POWER OF ATTORNEY FOR SALE OF MOTOR VEHICLE

To authorize another to sign bill of sale, title and other documents.

State of Arizona County of _____

County of				
KNOW ALL PERSONS BY THESE PRESENTS, THAT I/We, whose address is,,,,,,,,, (City),, (State),, (Zip), desiring to execute a LIMITED POWER OF ATTORNEY, hereby appoint,				
(City), (State),	(Zip), desiring to execute a, of	LIMITED POWER OF ATTORNEY, hereby appoint, County, Arizona, as my Attorney-in-Fact to		
, of County, Arizona, as my Attorney-in-Fact to act as follows, GRANTING unto my Attorney-in-Fact full power to:				
of sale, title, odometer stat the purchase of same.	tement, request for release of lier	ribed below, including, but limited to, execution of a bill ns, and other documents, and to receive all funds from		
Property is One (1) Motor Vehicle Make	Model	Body Type		
Vehicle Identification Number (VIN)	Year:		
I hereby ratify and confirm all that said attorney-in-fact shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted.				
All acts done by means of this power shall be done in my name, and all instruments and documents executed by my Attorney hereunder shall contain my name, followed by that of my attorney and the description "Attorney-in-Fact", excepting however any situation where local practice differs from the procedure set forth herein, in that event local practice may be followed. This LIMITED POWER OF ATTORNEY shall be valid and may be relied upon by any third parties until such time as they receive notice of revocation of same.				
I,, the principal, sign my name to this power of attorney this day of and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.				
Principal				
I,, the witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.				
Witness				

STATE OF ARIZONA COUNTY OF _____

The foregoing instrument was acknowledged before me this _	day of	,, by
(person).		

NOTARY PUBLIC
Print Name:

My Commission Expires: