## **LIMITED POWER OF ATTORNEY FOR SALE OF MOTOR VEHICLE**

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

| State of North Carolina   |                         |           |                       |
|---|-------------------------|-----------|-----------------------|
| County of   |                         |           |                       |
| KNOW ALL PERSONS BY THE   | ESE PRESENTS, THAT I/We |           | , whose address       |
| is,   | (City),                 | (State)   | ), (Zip), desiring to |
| 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,, of County, North Carolina, as my Attorney-in-Fact to act as follows, GRANTING unto my Attorney-  |                         |           |                       |
| in-Fact full power to:  |                         |           |                       |
| Do all things necessary to sell or transfer the property described below, including, but limited to, execution of a bill  |                         |           |                       |
| of sale, title, odometer statement, request for release of liens, and other documents, and to receive all funds from  |                         |           |                       |
| the purchase of same.   |                         |           |                       |
| Property is One (1) Motor Vehicle   |                         |           |                       |
| Make  | Model                   | Body Type |                       |
|   |                         |           |                       |
| Vahiala Idantification Number (   | N/IN)                   | Verm      |                       |
| 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. |                         |           |                       |
|   |                         |           |                       |
| WITNESS my signature this the day of, 20  |                         |           |                       |
|   |                         |           |                       |
| Signature Signature   |                         |           |                       |
|   |                         |           |                       |
| STATE OF NORTH CAROLINA COUNTY OF   |                         |           |                       |
| I, a Notary Public, do hereby certify that (here give the name of the grantor or maker) personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and (where an official seal is required by law) official seal  |                         |           |                       |
| This the  | day of                  | (year).   |                       |
| (Official seal.)  |                         |           |                       |
|   | Notary F                | hablic    | -                     |
|   | Notary P<br>Printed N   | Name:     |                       |
| My Commission Expires:  |                         |           |                       |
|   |                         |           |                       |
|   |                         |           |                       |
|   |                         |           |                       |
|   |                         |           |                       |
|   |                         |           |                       |
|   |                         |           |                       |
|   |                         |           |                       |
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