

LIMITED POWER OF ATTORNEY FOR SALE OF MOTOR VEHICLE

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

State of Washington

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, _____, of _____

County, Washington, 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
_____	_____	_____

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 WASHINGTON
COUNTY OF _____

On this day personally appeared before me _____, to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand this _____ day of _____, A. D. 20__.

NOTARY PUBLIC residing at _____
Print Name: _____

My Commission Expires:
