

Claim Number _____ Date of Loss _____

Vehicle Owner(s) _____

Claim Representative _____ Insurance Company _____

I/We, _____ (Owner Name(s)),

hereby appoint a representative of _____ (Insurance Company)

as my/our lawful Attorney-in-Fact, to apply for a certificate of title or duplicate certificate of title and/or to transfer to the motor vehicle described as:

Vehicle Year, Make, and Model _____ Vehicle Identification (VIN) _____

Plate Number _____ State and Year _____

And for said purpose(s), to sign my/our name and to do all things necessary to this appointment.

Owner Signature _____ Date _____

Owner Signature _____ Date _____

NOTARY SECTION

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, before me, the undersigned Notary Public, _____ (Name of Notary Public)

personally appeared _____, (Name of Signer(s))

proved to me through satisfactory evidence of identification, which was/were _____ (Description of Evidence of Identity)

to be the person(s) whose name is/are signed on the preceding or attached document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(s).

Notary Signature _____

Commission Expires _____