

Claim #: _____

POWER OF ATTORNEY - STATE OF INDIANA

PLEASE PRINT

I/We, _____,

residing at _____

in the county of _____ do hereby appoint

_____ as my
ATTORNEY IN FACT TO SIGN MY NAME AND COMPLETE INFORMATION IN
RELATION TO THE CERTIFICATE OF TITLE in Registration or Releasing my interest
in the vehicle/watercraft subject to the Registration as described below:

MAKE: _____ YEAR _____

I.D. NUMBER: _____

TITLE NUMBER: _____

MILEAGE: _____

I certify to the best of my knowledge that the odometer reading is the actual mileage of the
vehicle unless one of the statements below is checked.

() Mileage in excess of mechanical limits.

() Reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY

Signed: _____

Printed Name: _____

S.S. #: _____

STATE OF INDIANA

COUNTY OF _____ **SS: }**

Sworn to before me, a Notary Public, in and for said County, this
_____ day of _____, 20_____.

(Notary Public Signature)

(SEAL)

(Printed Name)

My Commission Expires _____