

POWER OF ATTORNEY

48-1001 R12/13 azdot.gov

venicle identification number		rear	Iwake			Body Style		
Attorney-In-Fact (individual or organization you	wish to act for you in th	is matter)			1			
Mailing Address			City			State	Zip	
I appoint the Attorney-In-Fact above, t authority to endorse and transfer title the					secure the ti	itle, and fo	urther grant the	
Buyer/Seller/Owner Name			Driver License Number Da			Date of Birt	ate of Birth	
Mailing Address			City			State	Zip	
Signature						<u> </u>		
Acknowledged before me this date.			Notary or MVD Agent Signature					
Di	Date County			State	Commission Ex	xpires		