

Release of Interest/Power of Attorney

Vehicle license plate/Vessel registr	ation number	Vehicle Identification	or Hull Identification number	er (VIN or HIN)		
Year	Make		Series/Body type		Title number	
	of Ownership orm TD-420-04	. Must be accompa 0.	nied by Certificate o		business entity and release is or completed, notarized/certified,	
				X		
TYPE or PRINT lienholder/business/company name			Title for business/company		Signature of person releasing interest	
TYPE or PRINT lienholder/business/company name			business/company		Signature of person releasing interest	
Registered owner's r	elease of in	t erest -Require	s notarization/ce	rtification (even if notarized below)	
I/We release all interest in	the above de	scribed vehicle/ve	essel.			
TVDE or DDINT registered owner no	mo		Signature of regist	arad awaar		
TYPE or PRINT registered owner name			X	Signature of registered owner X		
TYPE or PRINT registered owner na		Signature of registe	Signature of registered owner			
Notarization/Certification State of				, County of		
	Signed	or attested before me	on	by		
(Seal or stamp)				Cianatura		
				Signature		
				Printed or stamped name and Dealer or county/office number or notary expiration date		
					unity/office number of notary expiration date	
Power of Attorney-R To: Title and Registration Department of Licens Olympia, Washington And to whom it may c	Services ing	rization/certificat	i ion (even if notari.	zed above)		
l appoint		to act a	as my attorney-in-f	act to sign a	II papers and documents that may	
l agree to guarantee and	save the state	of Washington, ar	nd the Director of L	icensing, fro	ehicle/vessel described above. om all responsibility for any legal istration for this vehicle/vessel.	
TYPE or PRINT name of person granting Power of Attorney Driver lice			cense or ID card number		Signature of person granting Power of Attorney	
TYPE or PRINT name of person granting Power of Attorney Driver li			cense or ID card number		Signature of person granting Power of Attorney	
Notarization/Certificatio	n State o	f		, County of		
	Signed	or attested before me	on	by		
(Seal or stamp)				Signature		
					omnod nome	
	Title		6	and	amped name unty/office number or notary expiration date	
				Pealel Ol CO	unty/office number of flotally expiration date	