STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
www.dmv.de.gov

POWER OF ATTORNEY TO TRANSFER A MOTOR VEHICLE TITLE

To the Delaware Division of Motor Vehicles and to whom it may concern:

I, _____ the undersigned of _____ (address), City of _____, County of _____, State of _____, appoint _____, of _____(address), City of _____, County of _____, State of _____, as my attorney in fact to sign all papers and documents that may be necessary in order to transfer ownership on the following described vehicle: _____, _____,
Make of Vehicle Model Year

_____ (Vehicle Identification Number).

I agree to indemnify and hold harmless the State of Delaware and all public officials from the Delaware Division of Motor Vehicles from any and all liability that may accrue from issuance of a title for the so described vehicle.

_____ _____
Date Signature of Owner

_____
Signature of Co-Owner

State of Delaware

_____ County

Be it remembered that on this _____ day of _____, A.D. _____, the Subscriber personally came before me.

_____
Notary Public