MISSISSIPPI DEPARTMENT OF REVENUE

Motor Vehicle Services P.O. Box 1383 Jackson, MS 39215-1383

POWER OF ATTORNEY FOR INSURANCE COMPANY TO TRANSFER TOTAL LOSS VEHICLE

(w	e) hereby appoint,				as my (our) attorney-in-fact for the	
		(If insurance company in	nvolving total loss, co	omplete boxes immediately below.)	
	Insurance Company N		ame	Date of Total Loss		
				//	_	
ourp	oose of:				—	
	T Transferring owr	nership for the follow	ving described ι	ınit:		
	☐ Making application for title for the following described unit:					
		Making application for registration for the following described unit:				
Γ	Year (YYYY)	Make	Identification No	umber		
				1 1 1 1 1 1		
∟ vith					all that is necessary to this appointment.	
VILII	the full authority to	sign on my (our) be	iliali ali papers a	ind documents and to do a	in that is necessary to this appointment.	
	Owner's Printed Name					
Signature	Owner's Signature*				Date (MM/DD/YYYY)	
					//	
	Owner's Printed Name					
	Owner's Signature*				Date (MM/DD/YYYY)	
					//	
	Owner's Printed Name					
	Owner's Signature*				Date (MM/DD/YYYY)	
					//	
ation	Embosser or black ink rubber stamp seal*		Subscribed and sworn before me, this			
			day of		voor	
			State	County	year My Commission Expires (MM/DD/YYYY)	
Notary Informat						
/ Inf			Notary Public Sig	nature		
otary						
ž			Notary Public Name (Typed or Printed)			

^{*} Electronic signature is permissible ONLY for Insurance Company submissions to the Mississippi Department of Revenue related to a total loss vehicle. Notarization is not required if signing electronically.