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The vehicle’s odometer now reads | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | miles. | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Please read carefully. Only mark this section if the vehicle complies with one of the designation(s) below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | |  | | | I hereby certify that, to the best of my knowledge, the odometer reading reflects mileage in excess of its mechanical limits. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | |  | | | I hereby certify that the odometer reading is NOT the actual mileage. WARNING-ODOMETER DISCREPANCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | I hereby confer, give, and grant unto my attorney-in-fact full power to execute any and all documents necessary to complete the  transfer of ownership of the vehicle described above, including, but not limited to, an application for original or duplicate title,  registrations, license plates, and registration renewals and mileage verifications. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | The undersigned owner further certifies that this power-of-attorney was completely filled in at the time of its execution. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |  | | | |  | | | | | | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | (*Vehicle Owner 1 Signature*) | | | | | | | | | | | | | |  | | | | (*Date*) | | | | | | | | |  | | |  | | | | (*Vehicle Owner 2 Signature*) | | | | | | | | | | | | | | | | |  | | | | (*Date*) | | | | | | | | | | | | | | | |  | | | | | | | **SECTION 4: NOTARY INFORMATION & SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NOTARY FULL LEGAL NAME** (*print/stamp*) | | | | | | | | | | | | | | | | | | | | **EMAIL ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PHONE**  (   )    - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **ADDRESS** (*street*) | | | | | | | | | | | | | | | | | | | | **CITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **STATE** | | | | | | | **ZIP** | | | | | | | | | | | | | | | | | | | | | | | I, the undersigned notary public, do hereby certify that the above named owner of the vehicle identified in this appointment of attorney-in-fact executed this form in my presence and that said owner was proven to be the person named by the use of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | the following form of positive picture identification: | | | | | | | | | | | | | | | | | | | | | | | | Driver License (*preferred*) | | | | | | | | | | | | | | | | | | | **DL #:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Other | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Subscribed and attested before me on this | | | | | | | | | | | | | | | | | | |  | | | | | | day of | | | | |  | | | | | | | | | | | | | | | | | , | | 20 | |  | | | | . | | | |  | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | |  | | | |  | |  | |  |  |  |  | |  |  |  | | | | | |  |  | | | | |  | | | | | | |  | | | | My commission #: | | | | | | |  | | | | | | | | | | | | | | |  | | |  | |  |  | | | |  | | | | |  | | | | | |  | |  | | Notary Signature and Title | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | My commission expires | | | | | | | | | | |  | | | | / | |  | | | | | | | / | | |  | | | | | . | | |  | |  | | | | |  | | | | | | | | | | | |  | |  |  | |  |  | | | | |  | | |  | |  | | |  | | | | | |  | | | | | | | | | | | (*MM*) | | | |  | | (*DD*) | | | | | | |  | | | (*YYYY*) | | | | |  | | |  | |  | | | | |