

POWER OF ATTORNEY TO TRANSFER MOTOR VEHICLE

This document shall pass with the certificate of title and be included as a support document to application for new certificate of title and/or application for replacement certificate of title.

THE STATE OF MISSISSIPPI	
COUNTY OF	KNOW ALL MEN BY THESE PRESENT:
THAT I,	
GRANTOR, NAME TO APP	PEAR IN SAME FORM AS CONTAINED IN CERTIFICATE OF TITLE
(ADDRESS)	, OF THE COUNTY O
,	and the STATE OF MISSISSIPPI, owner o
the following described motor vehicle, have made, o	constituted and appointed and by these present do make, constitute and appoint
	, OF THE COUNTY O
(ADDRESS)	and the STATE OF MISSISSIPPI, my true
and lawful attorney, for me and in my name, place a	and stead to sell, transfer and assign the motor vehicle described as follows to wit:
MAKE	V.I.N
YEAR	BODY TYPE
TITLE NUMBER	
•	the mileage in connection with the transfer of ownership. Failure to complete d / or imprisonment.
certify to the best of my knowledge that the odome statements is checked.	ster reading is the actual mileage of the vehicle unless one of the following
Odometer Reading the o	eby certify that the mileage state is in excess of the mechanical limits of odometer.
(No Tenths) 2. The c	odometer reading is not actual mileage. WARNING-ODOMETER DISCREPANCY
IN WITNESS WHEREOF I HAVE hereunto set my 20	hand this, day of,
•	Signature of Owner, Grantor
	Printed Name of Grantor (if Title is in Company Name, include appropriate Title, Partner, President, Sec. Treas., etc.)
defore me, the undersigned authority, on this day pe	Printed Name of Grantor (if Title is in Company Name, include appropriate Title, Partner, President, Sec. Treas., etc.) Personally appeared
	cribed to the above foregoing instrument, and acknowledge to me that he executed
GIVEN UNDER MY HAND AND SEAL OF OFFICE 20	E THISA.D.,
	Notary Pub5c
	1,004,1,000



AFFIDAVIT OF CORRECTION

Date:										
To Whom It May Concern:										
The strikeover on the assignment of the attached Mathe following described motor vehicle:	nufacturer's Certificate of Origin or Certificate of Title fo									
Year: Make:	Model:									
Vehicle Identification Number (VIN):	•									
was made due to the following reason(s):	•									
Typographical error	Assignment placed in dealer assignment in error									
Customer changed mind	 Notary Public placed signature in wrong space Purchaser's name misspelled Seller made strikeover in purchaser's name 									
Seller signed their name incorrectly										
Seller assigned title to wrong party										
Other:										
·										
Signature	Signature									
Notary Public's Signature	Notary Seal									

IMPORTANT: The person(s) who was required to complete the assignment where the correction has been made must complete this form. This form cannot be used when information has been blocked out by erasure or the use of correction fluid/tape. In these cases, replacement documents must be obtained. This form cannot be used to correct an odometer reading, a purchase date, or an incorrectly recorded lien, or security interest holder. For an incorrectly recorded lien or security interest holder, a release of lien or security interest must be obtained by the incorrectly recorded lien or security interest holder and submitted.

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ODOMETER DISCLOSURE STATEMENT

BOTH FEDERAL LAW AND STATE LAW REQUIRE THAT YOU (THE TRANSFEROR) STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

I,	TO THE BEST OF M	. KNOWLED	STATE THAT THE ODOME	TER NOW RE	ADS	(NO TE	ENTHS)
			FOLLOWING STATEMENTS			211	
(1)	I HEREBY CERTIFY THE AMOUNT OF MIE LIMITS.	THAT TO SELAGE OF S	THE BEST OF MY KNOWLE THE VEHICLE IN EXCESS	DGE THE OD	OMETER REAL	DING REFI ECHANICAI	LECTS L
(2)	I HEREBY CERTIFY WARNING - ODOMETE		ODOMETER READING IS PANCY	NOT THE AC	TUAL MILEA	E.	
маке		_ MODEL _		BODY TY	PE		
VEHICLE IDENTIFICA	ATION NUMBER			YEAR			
				٠			
	TRANSFEROR'S SIG	GNATURE		PRI	NTED NAME		
TRANSFEROI	R'S ADDRESS						
	STREET		CITY OR TOWN		STATE	ZIP	CODE
DATE OF ST	ATEMENT						
	TRANSFEREE'S SIGN	ATURE		PRINT	TED NAME		
TRANSFEREE	S'S NAME - ENTER NAM	E AS IT API	PEARS ON THE ASSIGNMENT OF	F MGFR'S. CEF	TIFICATE OF C	PRIGIN, OR T	TITLE
<u> TRANSFEREE</u>	C'S ADDRESS						
	STREET	·····	CITY OR TOWN	•	STATE	ZIP	CODE