

I (we) hereby appoint,									_ as my (our) attorney-in-fact for the						
			volving total loss, complete boxes immediately below.)						w.)						
Insurance Company			me		Date of Total Loss										
						_ /	_/_								
ourp	oose of:														
☐ Transferring ownership for the following described unit:															
<ul><li>Making application for title for the following described unit:</li><li>Making application for registration for the following described unit:</li></ul>															
	Year (YYYY)	Make	Identifica	ation Nu	umber										
vith	the full authority to	sign on my (our) bel	nalf all par	oers ar	nd docu	ments	and	to do	all th	nat is ne	ecessa	ary to t	his ap	point	ment.
with the full authority to sign on my (our) behalf all papers and documents and to do all that is necessary to this appointment.															
	Owner's Printed Nan	ne													
Signature															
	Owner's Signature*									Date (MM/DD/YYYY)					
										//					
	Owner's Printed Name														
	Oursels Simplifies*									Date (MM/DD/YYYY)					
Si	Owner's Signature*									Jale (IVIIVIJD) 1111)					
	Owner's Printed Name										/	_ /		-	
	Owner's Printed Name														
	Owner's Signature*								Date (MM/DD/YYYY)						
										//					
	Note: License Office	notary service - \$2.00								1					
	Embosser or black ink rubber stamp seal*  Subscribed and sworn before me, this														
ation		day of										yea	r		
mat		State		County	County (or City of St. Louis)				My Commission Expires (MM/DD/YY)					YYY)	
nfor										/	_/				
Notary Inform		blic Sigr	ignature					'							
Not		No. 2 Links (T. L. 2)													
		Notary Public Name (Typed or Printed)													

\* Owner(s) electronic signature is permissible ONLY when assigning power of attorney to an insurance company due to total loss. Notarization is not required if signing electronically.

Phone: (573) 526-3669

Form 4054 (Revised 08-2019)