## $\frac{\text{KANSAS POWER OF ATTORNEY}}{\text{MOTOR VEHICLES}} \frac{\text{FOR}}{\text{OR}}$

| I,   | (name), currently residing at   |  |
|--|---|--|
|  | (address), hereby appoint   |  |
|  | (agent s name), currently residing at   |  |
|  | (address), as my agent  |  |
| (attorney-in-fact) to act for m                                | ne in any lawful way with respect to the below-listed transactions  |  |
| involving the following moto                                   | r vehicle:  |  |
| Make:  |   |  |
| Model:   |   |  |
| Year:  |   |  |
| VIN Number:  |   |  |
|  |   |  |
| Other Identifying Characteris                                  | ties:   |  |
| abovedescribed motor vehicle<br>transfer ownership, repair, ma | s to my agent the power to do all acts concerning the e, including but not limited to the power to register, license, sell, aintain, or retitle such vehicle, and the power to communicate hts required by the Department of Motor Vehicles in the State of |  |
| My Social Security Number/                                     | Гах ID Number is:   |  |
| My date of birth is:   |   |  |
| EFFECTIVE DATE:  |   |  |
| THIS POWER OF ATTORN   | EY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE   |  |



UNTIL IT IS REVOKED.

| Successor Attorney- in-Fact. If                   | (agent's name) is unable or unwilling to           |
|---|--|
| serve or to continue to serve as my attorney-in-  | fact for any reason, then                          |
| (alternate agent's name), presently residing at _ |  |
| (address) is hereby appointed successor attorne   | y-in-fact hereunder.                               |
| Revocation of the power of attorney is not effect | ndemnify the third party for any claims that arise |
| Signed this day of                                | _, 20  |
| (signature)                                       |  |
| (printed name)                                    |  |



## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| STATE OF KANSAS )                                      |                      |   |
|--|----------------------|---|
| COUNTY OF  | ) ss<br>)            |   |
| On   | before me            |   |
|  |                      | (insert name and title of the officer)                |
| personally appeared                                    |                      | , who proved to me on the                             |
| basis of satisfactory evidence                         | ce to be the person  | n(s) whose name(s) is/are subscribed to the within    |
| instrument and acknowledg                              | ed to me that he/sh  | he/they executed the same in his/her/their            |
| authorized capacity(ies), an                           | d that by his/her/th | heir signature(s) on the instrument the person(s), or |
| the entity upon behalf of wh                           | nich the person(s)   | acted, executed the instrument.                       |
| I certify under PENALTY of foregoing paragraph is true |                      | der the laws of the State of Kansas that the          |
| WITNESS my hand and off                                | ficial seal.         |   |
| Signature  |                      | (seal)  |
| Signature  |                      | (seal)  |



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category Motor Vehicle Power of Attorney Template.

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