

MISSISSIPPI STATE TAX COMMISSION  
TITLE DIVISION  
FORM 65-016 / REV. 4/89  
SUPERSEDES PREVIOUS  
REVISIONS OF THIS FORM

**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 APPEAR IN SAME FORM AS CONTAINED IN CERTIFICATE OF TITLE

\_\_\_\_\_, OF THE COUNTY OF \_\_\_\_\_  
(ADDRESS) \_\_\_\_\_ and the STATE OF MISSISSIPPI, owner of

the following described motor vehicle, have made, constituted and appointed and by these present do make, constitute and appoint

\_\_\_\_\_  
IF NAME IS LICENSED DEALER, THEN ALSO INCLUDE NAME OF DEALER AUTHORIZED REPRESENTATIVE  
\_\_\_\_\_, OF THE COUNTY OF \_\_\_\_\_  
(ADDRESS) \_\_\_\_\_ and the STATE OF MISSISSIPPI, my true

and lawful attorney, for me and in my name, place and stead to sell, transfer and assign the motor vehicle described as follows to wit:

MAKE \_\_\_\_\_ V.I.N. \_\_\_\_\_  
YEAR \_\_\_\_\_ BODY TYPE \_\_\_\_\_  
TITLE NUMBER \_\_\_\_\_

giving and granting unto my said attorney full power and authority to do and perform all and every act requisite and necessary to transfer and assign the legal title to said motor vehicle to anyone whomever, as may be designated by said attorney.

FEDERAL and STATE LAW requires that you 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 certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

\_\_\_\_\_  
Odometer Reading  
(No Tenths)

- \_\_\_\_ 1. I hereby certify that the mileage stated is in excess of the mechanical limits of the odometer.
- \_\_\_\_ 2. The odometer reading is not actual mileage. **WARNING-ODOMETER DISCREPANCY**

IN WITNESS WHEREOF I HAVE hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner, Grantor

THE STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Grantor (if Title is in Company Name, include appropriate Title, Partner, President, Sec. Treas., etc.)

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
(Individual Name Only)

known to me to be the person whose name is subscribed to the above foregoing instrument, and acknowledge to me that he executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS \_\_\_\_\_ day of \_\_\_\_\_ A. D. 19\_\_\_\_\_

\_\_\_\_\_  
Notary Public