

POWER OF ATTORNEY

Vehicle Identification Number	Year	Make	Body Style
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Attorney-In-Fact (individual or organization you wish to act for you in this matter) TruWest Credit Union

Mailing Address	City	State	ZIP
PO Box 277938	Sacramento	CA	95827

I appoint the Attorney-In-Fact above, to sign all papers and documents required to secure the title, and further grant the authority to endorse and transfer title thereto, for the vehicle described above.

Buyer/Seller/Owner Name	Drivers License Number	Date of Birth	
Mailing Address	City	State	ZIP
Signature			

Acknowledged before me this date. <table border="1" style="float: right; margin-left: 10px;"> <tr> <td colspan="4" style="height: 40px; vertical-align: top;">Notary or MVD Agent Signature</td> </tr> </table>				Notary or MVD Agent Signature			
Notary or MVD Agent Signature							
Date	County	State	Commission Expires				

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