

Limited Power of Attorney Settlement of Insurance Claim Electronic Signature Only

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This limited power of attorney may be used only when ownership of a vehicle, vessel or snowmobile is being transferred to an insurance company or its adjuster in the settlement of an insurance claim in Montana, and the vehicle owner uses an electronic signature to execute the power of attorney. No notarization of the owner's signature is required. This limited power of attorney is authorized under § 61-3-205, MCA.

The vehicle owner must complete this section:								
I (print your legal name)			4	Address, City, State and Zip Code				
Appoint (print the name of the business or individual)								
Address			City	City		State	Zip Code	
as my attorney in fact with full authority to execute any and all instruments, documents,								
affidavits, etc. to effect transfer of title								
Title Number	Year	Make			Model			
Vehicle Identification Number				Color	<u> </u>	License Plate Number		
Email Address					Phone Numb	er		
I state that the (check one)five orsix digit odometer now reads (no tenths) miles, date read and to the best of my knowledge it reflects the actual mileage unless one of the following statements is checked:								
DO NOT CHECK UNLESS APPLICABLE The odometer reading reflects the amount of mileage in excess of its mechanical limits. The odometer reading is not the actual mileage. Warning – odometer discrepancy.								
Under penalty of law (§ 45-7-203, MCA), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so.								
Owner Signature:				Date:				
Purchaser (insurance company or its adjuster): I am aware of the odometer certification made by the seller.								
Purchaser's signature (this is my legal signature—only one signature is required) Purchaser's printed name								
Date If applicant is a firm or corporation, print full name								