

Release of Interest / Power of Attorney

Vehicle license plate / Vessel registration number		Vehicle Identification or Hull Identification number (VIN or HIN)	
Year	Make	Series / body type	Title number

Lienholder's release of interest

Requires Notarization / Certification, Unless a business entity and release is submitted with Certificate of Ownership.

Must be accompanied by Certificate of Ownership or completed, Notarized / Certified **Affidavit of Loss of Title, form TD-420-040**.
I (We) release all interest in the above described vehicle/vessel.

Type or print lienholder name / business / company	X	Title for business / company
	Signature of person releasing interest	
Type or print lienholder name / business / company	X	Title for business / company
	Signature of person releasing interest	

Registered owner's release of interest **Requires Notarization / Certification**

I (We) release all interest in the above described vehicle/vessel.

Type or print name of registered owner	X
	Signature of registered owner
Type or print name of registered owner	X
	Signature of registered owner

Notarization / Certification

State of Washington, County of _____
Signed or attested before me on _____ by _____

(Seal or stamp)

_____	and	_____
Title		Signature
		Printed or stamped name
		Dealer or county/office number or notary expiration date

Power of attorney

Requires Notarization / Certification

To: The Department of Licensing
Title and Registration Services
Olympia, Washington
And To whom it may concern:

I appoint _____ to act as my attorney-in-fact to sign all papers and documents that may be necessary in order to secure, or release, Washington title and/or registration for the vehicle/vessel described above. I agree to guarantee and save the State of Washington, and the Director of Licensing, from all responsibility for any legal action which might arise from the issuance of a Washington certificate of title and/or registration for this vehicle/vessel.

Type or print name of person granting Power of Attorney	X	Driver license or ID card number
	Signature of person granting Power of Attorney	
Type or print name of person granting Power of Attorney	X	Driver license or ID card number
	Signature of person granting Power of Attorney	

Notarization / Certification

State of Washington, County of _____
Signed or attested before me on _____ by _____

(Seal or stamp)

_____	and	_____
Title		Signature
		Printed or stamped name
		Dealer or county/office number or notary expiration date