

CALIFORNIA POWER OF ATTORNEY FORM

(CALIFORNIA PROBATE CODE SECTION 4401)

NOTICE TO THE PERSON WHO SIGNS THIS DOCUMENT:

The powers granted by this document are broad and sweeping. They are defined in the Uniform Statutory Form Power of Attorney Act (California Probate Code sections 4400–4465). If you have any questions about these powers, obtain competent legal advice. This document does not authorize anyone to make medical and other health-care decisions for you. You may define medical and health-care decisions in a separate "Advance Health Care Directive" (California Probate Code section 4600 et seq.).

The use of this form is for the purpose of creating a Power of Attorney under the laws of the State of California.

I. APPOINTMENT OF AGENT

I, _____ (Principal's Name), residing at
_____ (Principal's Address), appoint
_____ (Agent's Name), residing at
_____ (Agent's Address), as my agent (attorney-in-fact) to
act for me in any lawful way with respect to the following initialed subjects:

II. GRANT OF GENERAL AUTHORITY

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE BOX IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

- ☐ (A) Real property transactions.
- ☐ (B) Tangible personal property transactions.
- ☐ (C) Stock and bond transactions.
- ☐ (D) Commodity and option transactions.
- ☐ (E) Banking and other financial institution transactions.
- ☐ (F) Business operating transactions.
- ☐ (G) Insurance and annuity transactions.
- ☐ (H) Estate, trust, and other beneficiary transactions.
- ☐ (I) Claims and litigation.
- ☐ (J) Personal and family maintenance.
- ☐ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
- ☐ (L) Retirement plan transactions.
- ☐ (M) Tax matters.
- ☐ (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

III. SPECIAL INSTRUCTIONS

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT:

IV. DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent dies, becomes incapacitated, resigns, or refuses to act, I appoint the following person(s) to act as my successor agent:

First Successor Agent: _____

Address: _____

Second Successor Agent: _____

Address: _____

V. EFFECTIVE DATE

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This Power of Attorney will continue to be effective even if I become incapacitated.

VI. EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED

If I have designated more than one agent, the agents are to act:

☐ SEPARATELY

☐ JOINTLY

(If you appointed more than one agent and neither of these lines is initialed, the agents must act jointly.)

VII. SIGNATURE AND ACKNOWLEDGMENT

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signature of Principal: _____

Date: _____ day of _____, 20____

Print Name: _____

VIII. NOTARY 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 California

County of _____

On the _____ day of _____, 20____, before me,

_____ (Insert Name and Title of the Officer), personally appeared _____ (Name of Signer), who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public: _____

Date: _____ day of _____, 20____

Print Name: _____

(Seal)