

**UNIFORM STATUTORY FORM POWER OF ATTORNEY
(California Probate Code Section 4401)**

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED 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 OR OTHER HEALTH CARE DECISIONS FOR YOU.

YOU MAY REVOKE THIS POWER OF ATTORNEY LATER IF YOU WISH TO DO SO.

I, _____ (your name and address)
appoint _____ (name and address of the
person appointed, or of each person appointed if you want to designate more than one) **as my agent (attorney-in-fact) to act for me in any lawful way with respect to the powers granted on the following initialed subjects:**

INSTRUCTIONS TO GRANT/WITHHOLD POWERS:

TO GRANT **ALL** OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) **ONLY** 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** [NOT GRANT] A POWER, DO **NOT** INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- _____ (A) Obtain medical records, financial records, and legal records of mine.
- _____ (B) Real property transactions.
- _____ (C) Tangible personal property transactions.
- _____ (D) Stock, bond transactions, commodity and option transactions.
- _____ (E) Banking and other financial institution transactions.
- _____ (F) Business operating transactions.
- _____ (H) Estate, trust, and other beneficiary transactions.
- _____ (I) Claims and litigation.
- _____ (J) Personal and family maintenance.
- _____ (K) Benefits from Social Security, Medicare, Medi-Cal/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).**

SPECIAL INSTRUCTIONS:

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

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

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE/CROSS OUT THE PRECEDING SENTENCE IF YOU DO **NOT** WANT THIS POWER OF ATTORNEY TO CONTINUE **IF** YOU BECOME INCAPACITATED.

* * *

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

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

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT **EACH** AGENT TO BE ABLE TO ACT **ALONE** WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "**SEPARATELY**" IN THE BLANK SPACE ABOVE. IF YOU DO **NOT** INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "**JOINTLY**," THEN **ALL** OF YOUR AGENTS MUST ACT OR SIGN **TOGETHER**.

* * *

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 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.

Signed this ____ day of _____, 20____.

(Your signature)

(Your social security number)

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

THIS DOCUMENT MUST BE NOTARIZED ON THE ATTACHED ACKNOWLEDGMENT FORM.

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 _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
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 _____ (Seal)