

## STATUTORY FORM OF POWER OF ATTORNEY

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 Sec. 4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR HEALTH-CARE DECISIONS FOR YOU.

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

I, \_\_\_\_\_, appoint \_\_\_\_\_

Of \_\_\_\_\_ County, California, as my Agent (Attorney-in-Fact) to act for me in any lawful way with respect to the following initialed subjects:

Note: To grant one or more of the following powers, initial the line in front of each power you are granting. To grant ALL of the following powers, initial the line in front of the line "N" and ignore initialing the other lines. To withhold a power, do not initial the line. To withhold a power, you may also cross out each power withheld if desired.

INITIAL:

- \_\_\_ (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.

If all of the powers listed above are initialed, this document shall be construed and interpreted as a GENERAL POWER OF ATTORNEY and my Agent (Attorney-in-Fact) shall have the power and authority to perform or undertake any action he/she could perform or undertake if I were personally present.



**SPECIAL INSTRUCTIONS:**

I give these special instructions limiting or extending the powers granted to my Agent:

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Except in those instances described herein where I shall have specifically limited or conditioned the power and/or authority of my Attorney-in-Fact, I hereby give my Attorney-in-Fact the authority, in general, to do all acts, deeds, matters, and things whatsoever in or about my estate, property and affairs, or to concur with persons jointly interested with myself herein in doing all such acts, deeds, matters and things, as fully and effectually to all intents and purposes as I could do in my own person if personally present and competent.

Unless otherwise directed 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 though I become incapacitated.

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.

\_\_\_\_\_  
Signed and Dated \_\_\_\_\_

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

**ACKNOWLEDGMENT**

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public 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)