

**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 AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

I, \_\_\_\_\_ (your name  
and address) appoint \_\_\_\_\_ and

\_\_\_\_\_  
(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 make decisions authorized in this document. If the above named person is able or willing to act as my attorney in fact, I appoint \_\_\_\_\_ as my attorney in fact to make decisions authorized in this document. The above named appointees shall act as my attorney in fact in any lawful way with respect to the following initialed subjects:

**TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE 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.**

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.**

**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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL**

This durable power of attorney shall become effective only upon the incapacity of the undersigned principal if three persons are designated below. The principal grants any two of the following persons the power to determine conclusively that the principal has become incapacitated and therefore that this power of attorney has become effective:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

This springing durable power of attorney shall become effective when any two of the designated persons above execute written declarations under penalty of perjury that the principal does not have sufficient understanding or ability to make or communicate decisions about the principal's property, finances, or personal business.

The agent shall promptly attach such two declarations to this instrument. Any person may act in reliance on this instrument with two such declarations attached without liability to the principal or to any other person regardless of whether the principal is later determined to have become incapacitated.

**(You may strike the sections underlined above unless you designate three persons)**

\_\_\_\_\_

**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 though I become incapacitated.

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

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**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. A third party may seek identification. 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 on \_\_\_\_\_

\_\_\_\_\_

YOUR SIGNATURE

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

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**CERTIFICATE OF ACKNOWLEDGMENT  
OF NOTARY PUBLIC**

State of California        )  
  ) ss.  
County of San Mateo     )

On this October 9, 2008 before me, \_\_\_\_\_ Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal.

\_\_\_\_\_ (Seal)