

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, _____, (name and address),
appoint _____, (name and address),
as my agent (“attorney-in-fact” or “agent”) to act for me 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.

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.

If my agent fails or ceases to act as my agent, I appoint as my first alternate agent:

(name and address of the person appointed as first alternate agent, or of each person appointed if you want to designate more than one)

If both my agent and my first alternate agent fail or cease to act as my agent, I appoint as my second alternate agent:

(name and address of the person appointed as second alternate agent, or of each person appointed if you want to designate more than one)

If at any time proceedings are initiated for the appointment of a conservator of my estate, I hereby nominate _____, otherwise _____, as such conservator.

I hereby waive the requirement of a bond if the person nominated above is appointed as conservator. I request that, if the person nominated above is appointed conservator of my estate by a court of the State of California, the court make an order granting to such person all or as many of those independent powers listed in California Probate Code Section 2591 as the court shall find appropriate.

**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 _____, 2020.

Print Name: _____

State of California, County of _____

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

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 _____, 2020, before me, _____, 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)