

# CALIFORNIA 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.

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.

### MY INFORMATION

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(print your name)

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(address)

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(city)

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(state)

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(ZIP Code)

### DESIGNATION OF AGENT

I designate the following individual(s) as my agent (attorney-in-fact) to act for me in any lawful way with respect to the initialed subjects that follow this section on the next page.

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(name of individual you choose as agent)

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(address)

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(city)

---

(state)

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(ZIP Code)

### DESIGNATION OF ADDITIONAL AGENTS (OPTIONAL)

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(name of individual you choose as an additional agent)

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(address)

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(city)

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(state)

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(ZIP Code)

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(name of individual you choose as an additional agent)

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(address)

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(city)

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(state)

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(ZIP Code)

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(name of individual you choose as an additional agent)

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(address)

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(city)

---

(state)

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(ZIP Code)

**POWERS OF AGENT**

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.

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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.

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

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 BELOW. 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.

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

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 on \_\_\_\_\_  
(date) (your signature)

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

**WITNESSES**

Each witness must be an adult, must NOT be a named agent or attorney-in-fact in this Power of Attorney form, and must personally witness the signing of this Power of Attorney form by the principal, or the principal's acknowledgment of the signature of the Power of Attorney form.

Signature of Witness

Signature of Witness

Print name here:  
\_\_\_\_\_

Print name here:  
\_\_\_\_\_

Residence address:  
\_\_\_\_\_  
\_\_\_\_\_

Residence address:  
\_\_\_\_\_  
\_\_\_\_\_

AT LEAST TWO WITNESSES MUST SIGN