

# 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](#)). THE POWERS LISTED IN THIS DOCUMENT DO NOT INCLUDE ALL POWERS THAT ARE AVAILABLE UNDER THE PROBATE CODE. ADDITIONAL POWERS AVAILABLE UNDER THE PROBATE CODE MAY BE ADDED BY SPECIFICALLY LISTING THEM UNDER THE SPECIAL INSTRUCTIONS SECTION OF THIS DOCUMENT. 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.

ALL POWERS CONFERRED UPON THE AGENT in this UNIFORM STATUTORY FORM POWER OF ATTORNEY shall also function completely as a DURABLE POWER OF ATTORNEY within all circumstances set forth herein:

I, \_\_\_\_\_, (PRINCIPAL) **APPOINT:**

\_\_\_\_\_ (NAME)

\_\_\_\_\_ (ADDRESS)

\_\_\_\_\_ (PHONE NUMBER[s])

[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 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 the Social Security Administration, 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.

(A) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(B) DURABLE POWER OF ATTORNEY**

1. This Uniform Statutory Form Power of Attorney shall at all times be legally interpreted and relied upon as a Durable Power of Attorney (also known herein as a “Power of Attorney”) for all reasons set forth within the entirety of this document. Any provision of this document which is

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challenged by a third party as ineffective shall not affect the remaining provisions herein; all remaining provisions shall remain in full force and effect, within all governing periods of this document.

**(C) AUTHORIZATION TO USE PHOTOCOPIES:**

1. Only ONE ORIGINAL of this Uniform Statutory Form Power of Attorney has been executed. The Agent specified in this instrument is authorized to make photocopies of this instrument and any attached documents (such as certificates of incapacity, attached as necessary) as frequently and in such quantities as the Agent deems appropriate. Each photocopy shall have the same force and effect as the original, and all parties dealing with the Agent herein are authorized to rely fully on any such photocopy showing the Principal's signature thereon.

2. A copy of a Uniform Statutory Form Power of Attorney, setting forth specifically within, a Durable Power of Attorney, shall be certified in accordance with California Probate Code Section 4307; and shall have the same force and effect as the original, so long as the attached certification is effectuated by 1), an authorized notary public in California; 2) an attorney authorized to practice law in California; and 3) an official of the state or of a political subdivision who is authorized to make such certification, who states that the certifying person has examined the original Uniform Statutory Form Power of Attorney and that the copy is a true and correct copy of the original Uniform Statutory Form Power of Attorney. *CA Probate Code Section 4307(c); see CA Govt. Code Section 8205(a)(2) and (4).*

**(D) ADDITIONAL POWERS APPLICABLE HEREIN:**

1. An Agent under a Uniform Statutory Form Power of Attorney, on the date executed or upon a subsequent date which adheres to all legal formalities under California law, can modify, revoke, or terminate a trust as provided for in the Principal's trust document only with express authority granted in this Uniform Statutory Form Power of Attorney instrument;

2. The Agent designated in this Uniform Statutory Form Power of Attorney may reject, disclaim, or make payment from, an estate, a trust or another fund only with the express consent by the Principal herein;

3. The power of an Agent under this Uniform Statutory Form Power of Attorney with regard to insurance, annuity, and retirement plan transactions; and other beneficiary transactions, can be changed only by the express consent of the Principal herein;

4. This Uniform Statutory Form Power of Attorney requires notification to the Principal herein that this Uniform Statutory Form Power of Attorney does not include all of the powers under the California Probate Code; and

5. This Uniform Statutory Form Power of Attorney provides that the authority of an Agent with respect to family maintenance is not dependent on any other grant of authority for the Agent herein to make gifts on the Principal's behalf, and is also not limited by any limitation placed on the Agent's authority to make gifts on the Principal's behalf.

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UNLESS YOU DIRECT OTHERWISE ON THE LINE 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.

**(E) EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT IS DESIGNATED**

If I have designated more than one agent, the agents are to act \_\_\_\_\_.  
[“separately” or “jointly”]

INITIAL: \_\_\_\_\_

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 according to the specific provisions set forth in the Special Instructions section herein, above. A third party may seek identification. Revocation of this 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 \_\_\_\_\_, 2013 at \_\_\_\_\_, California.

\_\_\_\_\_  
[signature]

\_\_\_\_\_  
PRINCIPAL [print name]

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT (ATTORNEY-IN-FACT) ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT UNDER THIS UNIFORM STATUTORY FORM POWER OF ATTORNEY.

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 \_\_\_\_\_, 2013, before me \_\_\_\_\_, Notary Public  
*[name and title of 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 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 of Officer]*

*[Officer's Seal]*