INSTRUCTIONS — HOW TO COMPLETE THIS FORM

For the California Uniform Statutory Form Power of Attorney (Probate Code §4401) on the following two pages

This is a plain-English guide to filling out the California Uniform Statutory Form Power of Attorney on the following two pages. **This sheet is not part of the statutory form and does not modify it in any way.** It is provided as a convenience only.

Mobile American Notary & Apostilles is not a law firm. We do not provide legal advice, do not recommend whether this form is right for your situation, do not tell you what to write, and do not review completed forms for legal accuracy. If you have any question about how to fill out this form, whether it is the right form for your needs, or how California law applies to your situation, please consult a licensed California attorney.

What Each Blank Is For

- **"I, ___ (your name and address)"** — Your full legal name and complete street address.
- **"appoint ___ (name and address of the person appointed…)"** — The full legal name and complete street address of the person or persons you are giving authority to act for you. This person is called your "agent" or "attorney-in-fact." You may appoint one agent, or more than one.
  - **Agent 1:** Write your primary agent's name and complete street address on this line. If you are appointing only one agent, use only this line.
  - **Agent 2:** Use this line only if you are appointing a second agent. **If you are appointing only one agent, draw a line through the "Agent 2" line to cross it out.**
- **Initial the powers you want to grant** — Read each of the (A)–(N) categories carefully. **Initial by hand in ink** on the line in front of each power you want to give your agent. To grant every power at once, initial only line (N). Do not initial powers you do not want to give.
- **Special Instructions** — Optional. If you want to limit or expand the powers listed above, write your instructions here. Leave these lines blank if you do not want to add anything.
- **"the agents are to act ___"** (top of the second statutory page) — Fill in only if you appointed more than one agent. Write "SEPARATELY" if each agent can act alone. Write "JOINTLY" (or leave blank) if all agents must act together.
- **Signature block** — Sign, date, and fill in the state and county where you are signing. **Do not sign until you are in front of the notary.**
- **Cross out the incapacity sentence** on the first statutory page **only if** you do not want the power of attorney to continue if you later become incapacitated. Otherwise, leave the sentence alone.

How to Execute the Form

Under California Probate Code §4121, a power of attorney must be either acknowledged before a notary public **or** signed by two adult witnesses.

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

I, _____

(your name and address)

appoint _____

Agent 1

_____

Agent 2

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

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.

_____ (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.

CROSS OUT 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 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. 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 this _____ day of _____ , _____ .

_____
(your signature)

State of _____ , 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 _____ before me, _____,
(date) *(insert name and title of the 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/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)