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| Rev. 133C89C |
| **CALIFORNIA POWER OF ATTORNEY** |

NOTICE:  THE POWERS GRANTED BY THIS DOCUMENT ARE 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.

**I. DESIGNATION OF AGENT**

I, \_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, CA \_\_\_\_\_\_\_\_\_\_, appoint the following individual as as my agent (attorney-in-fact):

|  |
| --- |
|  \_\_\_\_\_\_\_\_\_\_  |
| **Agent's**Full Name |
|  \_\_\_\_\_\_\_\_\_\_  |
| **Agent's**Street Address |
|  \_\_\_\_\_\_\_\_\_\_  |  CA  |  \_\_\_\_\_\_\_\_\_\_  |
| City | State | Zip Code |
|  \_\_\_\_\_\_\_\_\_\_  |  |
| **Agent's**Phone Number |  |

**II. GRANT OF SPECIFIC AUTHORITY**

My agent MAY do any of the following specific acts for me (LIST OUT SPECIFIC POWERS YOU WISH TO GRANT, IN AS MUCH DETAIL AS YOU CAN):

(A)

(B)

(C)

(D)

(E)

(F)

(G)

**III. SPECIAL INSTRUCTIONS**

UNLESS DIRECTED OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

**IV. OTHER**

My co- agents are to act JOINTLY.

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 \_\_\_\_\_\_\_, \_\_\_\_\_\_.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | **Principal's** Signature |

|  |  |  |
| --- | --- | --- |
|  |  |  \_\_\_\_\_\_\_\_\_\_  |
|  |  | **Principal's** Name |

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

**STATEMENT OF WITNESSES**

I declare under penalty of perjury under the laws of California that:

1. The individual who signed or acknowledged this Power of Attorney is personally known to me, or that the individual’s identity was proven to me by convincing evidence.
2. The individual signed or acknowledged this Power of Attorney in my presence.
3. The individual appears to be of sound mind and under no duress, fraud, or undue influence.
4. I am not a person appointed as attorney-in-fact in this Power of Attorney.

FIRST WITNESS:

|  |  |
| --- | --- |
|  |   |
| **First Witness’**Signature | Date |
|  \_\_\_\_\_\_\_\_\_\_  |
| **First Witness’**Name |
|  \_\_\_\_\_\_\_\_\_\_  |
| **First Witness’**Address |
|  \_\_\_\_\_\_\_\_\_\_  |  CA  |  \_\_\_\_\_\_\_\_\_\_  |
| City | State | Zip Code |

SECOND WITNESS:

|  |  |
| --- | --- |
|  |   |
| **Second Witness’**Signature | Date |
|  \_\_\_\_\_\_\_\_\_\_  |
| **Second Witness’**Name |
|  \_\_\_\_\_\_\_\_\_\_  |
| **Second Witness’**Address |
|  \_\_\_\_\_\_\_\_\_\_  |  California  |  \_\_\_\_\_\_\_\_\_\_  |
| City | State | Zip Code |

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

State of California                       )

                                                    )

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      )

|  |  |
| --- | --- |
| 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. |  |

On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally appeared  \_\_\_\_\_\_\_\_\_\_, personally known to me or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on this instrument the person executed this 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE TO PERSON ACCEPTING THE APPOINTMENT AS ATTORNEY-IN-FACT**

**By acting or agreeing to act as the agent (attorney-in-fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:**

1. **The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.**
2. **The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you.**

**You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorizes you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code Section 368. In addition to criminal prosecution, you may also be sued in civil court.**

**I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney.**

Date:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | **Agent's Signature** |

|  |  |  |
| --- | --- | --- |
|  |  |  \_\_\_\_\_\_\_\_\_\_  |
|  |  | **Agent's** Name |

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| **GENERAL INSTRUCTIONS****WHAT IS A POWER OF ATTORNEY?**A Power of Attorney is a written document that officially recognizes a legally binding relationship between two parties-- a Principal and an Agent. The Agent is given power to manage the personal, business, or legal affairs of the Principal. Further, the Agent has a fiduciary duty to act in the Principal’s best financial interest and in accordance with their wishes.A simple Power of Attorney will identify the following basic elements:  - Agent(s): someone responsible and trusted to act on another person’s behalf  - Principal: the person wanting assistance with personal, business, or legal matters  - Grant of Authority: the Agent has general or specific authority to take certain actions  - Effective Date: when the Power of Attorney begins, usually immediately  - Signatures: the Principal and a Notary must sign the Power of Attorney**WHEN IS IT NEEDED?**Power of Attorneys or POAs are commonly used when someone wants the peace of mind that their financial or health decisions will be made by someone they trust. You may need a Power of Attorney if you are:  - Over the age of 18 years old - Military personnel being deployed overseas - Traveling abroad for an extended period of time - Diagnosed with a chronic condition or life threatening illness - Growing wiser and older but concerned about your current health - Married and want your spouse to have legal authority over property you own - Engaged in a high risk profession (i.e. emergency firefighter or member of police force)  |  | **WHAT KIND OF GENERAL POWERS CAN YOU GIVE YOUR AGENT?**Some of the general powers you can grant to your Agent include managing the following: real property, tangible personal property, stocks and bonds, commodities and options, banks and other financial institutions, insurance, estates and trusts, and operation of businesses.**WHAT KIND OF MATTERS CAN A POWER OF ATTORNEY CONTROL?**A Power of Attorney can be used to handle non-medical matters (i.e. Financial Power of Attorney) or health care decisions (i.e. Health Care Power of Attorney). Most individuals have a separate Power of Attorney for general matters and health care issues. Many states, however, combine the a Living Will and Power of Attorney into one “advance directive” form. A Power of Attorney for Health Care allows you to name your health agent, someone who will make health decisions for you if you cannot. Your health care agent will also ensure that your health care providers give you the care you wish to receive. You can also require that your health care agent communicate in any manner with you about any specific proposed health care. For example, you may still be able to communicate by blinking your eyes.**WHAT HAPPENS IF I DO NOT HAVE A POWER OF ATTORNEY?**Without a Power of Attorney, even if you have a spouse, the court may need to step in and appoint a guardian or conservator for you if you ever become incapacitated. The process of appointing a guardian is costly and requires the guardian to formally report your situation to the court each year. CNN Money estimates that the process of obtaining a court appointed guardian exceeds $1,000. Instead, a Power of Attorney allows you to take back control and proactively choose who YOU want to represent your best interests. |