

# CALIFORNIA LIMITED (SPECIAL) POWER OF ATTORNEY

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NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). 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 \_\_\_\_\_ [Address],  
appoint the following individual(s) as my (Check one)  agent  co-agents (attorney-in-fact):

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**Agent's/Co-Agent's Full Name**

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**Agent's/Co-Agent's Street Address**

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City

State

Zip Code

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**Agent's/Co-Agent's Phone Number**

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**Co-Agent's Full Name**

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**Co-Agent's Street Address**

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City

State

Zip Code

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**Co-Agent's Phone Number**



**II. DESIGNATION OF SUCCESSOR AGENT(S)**

If my agent is unable or unwilling to act for me, I name as my successor agent:

\_\_\_\_\_  
**Successor Agent's** Full Name

\_\_\_\_\_  
**Successor Agent's** Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
**Successor Agent's** Phone Number

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

\_\_\_\_\_  
**Second Successor Agent's** Full Name

\_\_\_\_\_  
**Second Successor Agent's** Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
**Second Successor Agent's** Phone Number

**III. GRANT OF AUTHORITY**

I authorize my (Check one)  agent  co-agents to act for me in any lawful way with respect to the following powers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**IV. SPECIAL INSTRUCTIONS**

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UNLESS DIRECTED OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE: (CHECK ONE)

- IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED
- UPON MY SUBSEQUENT DISABILITY OR INCAPACITY
- ON \_\_\_\_\_, 20\_\_\_\_ AND WILL CONTINUE UNTIL IT IS REVOKED
- OTHER: \_\_\_\_\_

Durability (Check one and strike out the other)

- DURABLE Power of Attorney. This power of attorney will continue to be effective even though I become incapacitated.
- REGULAR Power of Attorney. This power of attorney will not continue and will be terminated immediately if I become incapacitated.

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

(If applicable) My co- agents are to act (Check one)  SEPARATELY  JOINTLY.

(Check if applicable)  I hereby revoke any previous power of attorney signed by me and declare that all power and authority granted under such power of attorney are hereby revoked and withdrawn.

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 \_\_\_\_\_, 20\_\_\_\_\_.

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**Principal's Signature**

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**Principal's 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.

**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:

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<b>First Witness' Signature</b>	<b>Date</b>	
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**First Witness' Name**

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**First Witness' Address**

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City	State	Zip Code
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SECOND WITNESS:

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<b>Second Witness' Signature</b>	<b>Date</b>	
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**Second Witness' Name**

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**Second Witness' Address**

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City	State	Zip Code
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**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

State of California )

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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 EXECUTING POWER OF ATTORNEY

A power of attorney is an important legal document. By signing the power of attorney, you are authorizing another person to act for you, the principal. Before you sign this power of attorney, you should know these important facts:

Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing. This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent borrows money on your behalf. This document does not give your agent the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.

Your agent will have the right to receive reasonable payment for services provided under this power of attorney unless you provide otherwise in this power of attorney.

The powers you give your agent will continue to exist until you become incapacitated or until your death, unless you state that the power of attorney will last for a shorter period of time or unless you otherwise terminate the power of attorney. The powers you give your agent in this power of attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.

You can amend or change this power of attorney only by executing a new power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate a durable power of attorney at any time, so long as you are competent. A regular power of attorney will automatically terminate if you become incompetent or die.

This power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the signing of the power of attorney or (2) the principal's signing or acknowledgment of his or her signature. A power of attorney that may affect real property should be acknowledged before a notary public so that it may easily be recorded.

You should read this power of attorney carefully. When effective, power of attorney will give your agent the right to deal with property that you now have or might acquire in the future. The power of attorney is important to you. If you do not understand the power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.



**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/Co-Agent's Signature

\_\_\_\_\_  
Agent/Co-Agent's Name

\_\_\_\_\_  
Co-Agent's Signature

\_\_\_\_\_  
Co-Agent's Name

