

Durable Power of Attorney — State of California

State of California

DESIGNATION OF AGENT

I, _____ ("Principal"), of _____, reachable at _____ and _____, hereby appoint:

_____ ("Agent"), my _____, of _____, reachable at _____ and _____,

as my true and lawful attorney-in-fact, to act in my name, place, and stead in the manner set forth in this document.

SUCCESSOR AGENT

No successor agent has been named. If the Agent named above is unable or unwilling to serve, this Power of Attorney shall terminate as to any unexercised authority.

DURABILITY

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY THE SUBSEQUENT DISABILITY OR INCAPACITY OF THE PRINCIPAL. This is a Durable Power of Attorney and shall remain in full force and effect notwithstanding the later incapacity or mental disability of the Principal.

EFFECTIVE DATE

This Power of Attorney shall become effective immediately upon execution by the Principal.

POWERS GRANTED

Agent shall have general authority to act on behalf of the Principal in financial and legal matters, including but not limited to: banking and financial transactions, contracts, tax matters, business operations, and legal claims. This POA does NOT include authority over real estate transactions. This POA does NOT include authority over banking and financial accounts.

GIFTS

Agent is NOT authorized to make gifts of the Principal's property or assets to any person, including Agent, unless separately and expressly authorized in writing by the Principal.

COMPENSATION

Agent shall serve without compensation, but shall be entitled to reimbursement for reasonable expenses incurred in carrying out their duties under this Power of Attorney.

TERMINATION

This Power of Attorney shall terminate upon the earliest of: (a) the Principal's death; (b) the Principal's revocation of this Power of Attorney in writing; (c) the Agent's resignation, death, or incapacity, if no successor agent is named or able to serve; or (d) if applicable, a date or event specifically stated elsewhere in this document.

AGENT'S DUTIES

Agent accepts the duties of a fiduciary and agrees to act in the best interest of the Principal, to keep Agent's own property separate from Principal's property, and to keep accurate records of all transactions conducted on Principal's behalf.

This Power of Attorney does not authorize Agent to make health care decisions. A separate health care power of attorney or advance directive is required for medical decision-making authority.

GENERAL PROVISIONS

This Power of Attorney shall be governed by the laws of the State of California.

Third parties may rely on this Power of Attorney and on a copy or electronic copy as they would on the original.

Principal may revoke this Power of Attorney at any time by providing written notice to the Agent and to any third parties relying on it.

AGENT'S ACCEPTANCE

AGENT'S ACCEPTANCE AND ACKNOWLEDGMENT: By signing below, _____ accepts appointment as Agent and acknowledges the legal and fiduciary responsibilities of that role, including the duty to act in the Principal's best interest, to avoid conflicts of interest and self-dealing, to keep the Principal's property separate, and to maintain accurate records.

Agent Signature: _____ Date: _____

STATE-REQUIRED PROVISIONS

NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY (CAL. PROB. CODE § 4128):

A DURABLE POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. BY SIGNING THE DURABLE POWER OF ATTORNEY, YOU ARE AUTHORIZING ANOTHER PERSON TO ACT FOR YOU, THE PRINCIPAL. BEFORE YOU SIGN THIS DURABLE 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 DURABLE POWER OF ATTORNEY UNLESS YOU PROVIDE OTHERWISE IN THIS POWER OF ATTORNEY.**
- **THE POWERS YOU GIVE YOUR AGENT WILL CONTINUE TO EXIST FOR YOUR ENTIRE LIFETIME, UNLESS YOU STATE THAT THE DURABLE POWER OF ATTORNEY WILL LAST FOR A SHORTER PERIOD OF TIME OR UNLESS YOU OTHERWISE TERMINATE THE DURABLE POWER OF ATTORNEY.**
- **THE POWERS YOU GIVE YOUR AGENT IN THIS DURABLE 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 DURABLE POWER OF ATTORNEY ONLY BY EXECUTING A NEW DURABLE POWER OF ATTORNEY OR BY EXECUTING AN AMENDMENT THROUGH THE SAME FORMALITIES AS AN ORIGINAL.**
- **YOU HAVE THE RIGHT TO REVOKE OR TERMINATE THIS DURABLE POWER OF ATTORNEY AT ANY TIME, SO LONG AS YOU ARE COMPETENT.**
- **THIS DURABLE 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.**

CALIFORNIA PROBATE CODE § 4128 STATUTORY WARNING: NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY: A POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. BY SIGNING THE POWER OF ATTORNEY, YOU ARE GIVING ANOTHER PERSON (YOUR AGENT) BROAD POWERS OVER YOUR FINANCES AND PROPERTY. EXECUTED BEFORE TWO ADULT WITNESSES OR ACKNOWLEDGED BEFORE A NOTARY PUBLIC UNDER CAL. PROB. CODE § 4128.

SIGNATURES

Signature

Principal: _____

Date: _____

Signature

Agent: _____

Date: _____

WITNESS DECLARATIONS

The undersigned witnesses hereby declare under penalty of perjury that the principal signed this document in our presence.

Witness 1 Signature

Name: _____

Address: _____

Date: _____

Witness 2 Signature

Name: _____

Address: _____

Date: _____

NOTARY ACKNOWLEDGMENT

STATE OF CALIFORNIA

COUNTY OF _____

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared the Principal/Testator, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

Notary Public Signature

My Commission Expires: _____

[Place Seal Here]