| RECORDING REQUESTED BY: | |
|--|---|
| AND WHEN RECORDED MAIL TO: | |
| Order No.: Escrow No.: | |
| | TORY FORM POWER OF ATTORNEY ia Probate Code Section 4401) |
| NOTICE: THE POWERS GRANTED BY THIS IN THE UNIFORM STATUTORY FORM POWERS ANY QUESTION THIS DOCUMENT DOES NOT AUTHOR | S DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED WER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. RIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO. |
| I,(your name and address) | |
| appoint | |
| (name and address of the person appointed, o | r 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 POVIN FRONT OF THE OTHER POWERS. | VERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES |
| TO GRANT ONE OR MORE, BUT FEWER FRONT OF EACH POWER YOU ARE GRAN | R THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE INITING. |
| TO WITHHOLD A POWER, DO NOT INITIAL EACH POWER WITHHELD. | THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT |
| INITIAL | |
| (A) Real property transactions. | |
| (B) Tangible personal property transa | actions. |
| (C) Stock and bond transactions. | |
| (D) Commodity and option transactio | |
| (E) Banking and other financial institu | ition transactions. |
| (F) Business operating transactions. | |
| (G) Insurance and annuity transaction | |
| (H) Estate, trust, and other beneficiar | y transactions. |
| (I) Claims and litigation(J) Personal and family maintenance | |
| (K) Benefits from social security, m | nedicare, medicaid, or other governmental programs, or civil or military |
| service. | |
| (L) Retirement plan transactions. | |
| (M) Tax matters. | ADOVE |
| (N) ALL OF THE POWERS LISTED A | ABUVE. |

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. | | |
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| | | |
| 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. | | |
| STRIKE 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. A third party may seek identification. 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. | | |
| 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 | | |
| COUNTY OF | | |
| On | | |
| 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 | | |