Recording Requ	uested By:
Return To:	
	Uniform Statutory Form Power of Attorney (California Probate Code Section 4401)
IN THE UNIFOI 4400-4465). THE UNDER THE PE ADDED BY SPE DOCUMENT. II THIS DOCUME	POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED RM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS E POWERS LISTED IN THIS DOCUMENT DO NOT INCLUDE ALL POWERS THAT ARE AVAILABLE ROBATE CODE. ADDITIONAL POWERS AVAILABLE UNDER THE PROBATE CODE MAY BE ECIFICALLY LISTING THEM UNDER THE SPECIAL INSTRUCTIONS SECTION OF THIS FYOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. NT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE R YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.
1	(your name and address)
appoint	
as my agent (atto	(name and address of the person appointed, or of each person appointed if you want to designate more than one) rney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:
TO GRANT ALI IN FRONT OF T	L OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES THE OTHER POWERS.
TO GRANT ON FRONT OF EAC	E OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN CH POWER YOU ARE GRANTING.
OUT EACH POV	A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS WER WITHHELD.
INITIAL  (A) (B) (C) (D) (E) (F) (G) (H) (J) (K)	Real property transactions.  Tangible personal property transactions.  Stock and bond transactions.  Commodity and option transactions.  Banking and other financial institution transactions.  Business operating transactions.  Insurance and annuity transactions.  Estate, trust, and other beneficiary transactions.  Claims and litigation.  Personal and family maintenance.  Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.  Retirement plan transactions.  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 Y GRANTED TO YOUR AGENT.	OU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS
UNLESS YOU DIRECT OTHER WILL CONTINUE UNTIL IT IS	WISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND REVOKED.
This power of attorney will contin	ue to be effective even though I become incapacitated.
STRIKE THE PRECEDING SEN YOU BECOME INCAPACITATE	TENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF ED.
EXERCISE OF POWER OF ATT	ORNEY WHERE MORE THAN ONE AGENT DESIGNATED
If I have designated more than one	agent, the agents are to act
WITHOUT THE OTHER AGENT	AN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE I JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF DRD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY," THEN ACT OR SIGN TOGETHER.
Revocation of the power of attorned	ceives a copy of this document may act under it. A third party may seek identification.  by is not effective as to a third party until the third party has actual knowledge of the  let third party for any claims that arise against the third party because of reliance on this power
Signed this day of	
-	(your signature)
State of	County of
BY ACCEPTING OR ACTING U LEGAL RESPONSIBILITIES OF	NDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER 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 , before me Notary Public, 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.		
Notary Public		
My commission expires:		