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How to Complete Your California General (Financial) Power of Attorney

Uniform Statutory Form Power of Attorney (California Probate Code Section 4401)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR POWER OF ATTORNEY.

About this form. This is California's official statutory form for naming someone (your "agent") to handle your **financial and legal affairs**. It does **not** cover medical decisions. For health care, use a California Advance Health Care Directive.

1. **Fill in the names (Page 1)**
   Enter your full legal name and address after "I," then the name and address of each person you are appointing as agent.
2. **Choose the powers (Page 2)**
   Initial the box next to each power you want to give your agent, or initial line (N) to grant all of them. Leave a box blank to withhold that power. Initials must be handwritten in ink.
3. **Special Instructions — optional (Page 3)**
   Use this space only if you want to limit or add to the powers. If you are unsure what to write, speak with an attorney.
4. **Review the incapacity sentence (Page 3)**
   As written, this power of attorney stays in effect even if you become incapacitated. If you do not want that, strike through the sentence before signing.
5. **More than one agent? (Page 3)**
   Write SEPARATELY if each agent may act alone. If you write JOINTLY or leave it blank, all agents must act and sign together.
6. **Sign in front of a notary (Pages 4–5)**
   Do **not** sign or date the form ahead of time. Bring a current, government-issued photo ID (driver's license, state ID, or passport). You sign in front of the notary, who completes the acknowledgment on Page 5.

After It's Notarized

- Give your agent the original (or a certified copy) and keep a copy for yourself.
- If your agent will handle real estate for you, the power of attorney will typically need to be recorded with the County Recorder.
- To revoke it later, do so in writing while you are competent, and notify your agent and any bank or institution that has a copy.

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SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in California, Nevada, and other states. Phone and video consultations are available. **(916) 504-0529** · **www.gavrilovlaw.com**

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public who is not an attorney cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed California attorney. © 2027 First Choice Mobile Notary & Apostille. All rights reserved. This form may be filled in and printed for personal use; it may not be copied, altered, or redistributed for commercial purposes.

YOUR FORM BEGINS ON THE NEXT PAGE

UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY 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

(your name and address)

appoint

(name and address of the person appointed, or 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 POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

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INITIAL		
☐	**(A)**	Real property transactions.
☐	**(B)**	Tangible personal property transactions.
☐	**(C)**	Stock and bond transactions.
☐	**(D)**	Commodity and option transactions.
☐	**(E)**	Banking and other financial institution transactions.
☐	**(F)**	Business operating transactions.
☐	**(G)**	Insurance and annuity transactions.
☐	**(H)**	Estate, trust, and other beneficiary transactions.
☐	**(I)**	Claims and litigation.
☐	**(J)**	Personal and family maintenance.
☐	**(K)**	Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
☐	**(L)**	Retirement plan transactions.
☐	**(M)**	Tax matters.
☐	**(N)**	**ALL OF THE POWERS LISTED ABOVE.**

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

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SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

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.

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Signed this _____ day of _____ , 20 _____

X _____

(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.

This power of attorney must be acknowledged before a notary public. See the certificate of acknowledgment on the next page.

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CERTIFICATE OF ACKNOWLEDGMENT

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 California)

County of _____)

On _____ before me, _____

(here insert name and title of the officer)

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.

(Seal)

Signature _____