

## DURABLE POWER OF ATTORNEY

### NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY

**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(s) (attorney-in-fact) has no duty to act unless you and your agent(s) agree otherwise in writing.
- ❖ This document gives your agent(s) the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent(s) borrows money on your behalf. This document does not give your agent(s) the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent(s) to accept or receive a gift.
- ❖ This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy (also known as a health care or medical power of attorney) to do this.
- ❖ Your agent(s) will have the right to receive reasonable payment for services provided under this durable power of attorney unless you provide otherwise in this durable power of attorney. The powers you give your agent(s) 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(s) 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 durable power of attorney or (2) the principal's signing or acknowledgment of his or her signature. A durable 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 durable power of attorney carefully. When effective, this durable power of attorney will give your agent(s) the right to deal with property that you now have or might acquire in the future. The durable power of attorney is important to you. If you do not understand the durable power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.

THIS DURABLE POWER OF ATTORNEY is given by me;

\_\_\_\_\_, (the "Principal"),  
presently residing: \_\_\_\_\_, in the State of  
California, \_\_\_\_\_, this \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_\_.

**1. Nature of Power**

THIS IS A DURABLE POWER OF ATTORNEY and the authority of my Attorney-in-fact shall not terminate if I become disabled or incapacitated.

**2. Previous Power of Attorney**

I REVOKE any previous power of attorney granted by me.

**3. Appointment of Attorneys-in-Fact (Co-Agents)**

I hereby appoint the following persons as my **Attorneys-in-Fact** (each, an "Agent," and collectively, the "Agents"):

**1. Agent One:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*(Complete only if appointing a second Agent. Leave blank if appointing one Agent only.)*

**2. Agent Two:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Authority of Agents**

**If Only One Agent Is Appointed**

The individual named as Primary Agent shall serve as my sole Attorney-in-Fact and shall exercise all powers granted under this Durable Power of Attorney.

**If Two Agents Are Appointed**

If both a Primary Agent and a Co-Agent are named above, then:

- Each Agent is authorized to act **individually and independently**, without the consent, joinder, or participation of the other Agent.
- Each Agent may exercise all powers granted under this Durable Power of Attorney **jointly or severally**, with the same force and effect as if acting together.
- Any reference in this document to "my Attorney-in-Fact" or "the Agent" shall be deemed to refer to each Agent individually and to both Agents collectively, unless the context clearly requires otherwise.

**4. Governing Law**

This document will be governed by the laws of the State of California. Further, my Attorney-in-fact is directed to act in accordance with the laws of the State of California at any time he or she may be acting on my behalf.

**5. Liability of Attorney-in-fact**

My Attorney-in-fact will not be liable to me, my estate, my heirs, successors or assigns for any action taken or not taken under this document, except for willful misconduct or gross negligence.

**6. Effective Date**

This Durable Power of Attorney will start immediately and will continue notwithstanding a finding of my mental incapacity or mental infirmity which may occur after my execution of this Durable Power of Attorney.

**7. Powers of Attorney-in-fact**

My Attorney-in-fact has authority to do anything on my behalf that I may lawfully do by an attorney-in-fact (the "General Power").

**8. Specific Powers**

Without restricting its generality in any way, the following power(s) are specifically included within the foregoing General Power:

**\*\* INITIAL EACH NUMBER THE NUMBERED POWERS YOU WISH TO GRANT YOUR ATTORNEY-IN-FACT \*\***

**\*\* OR YOU MAY INITIAL NUMBER 22) TO GRANT ALL POWERS IN THIS DURABLE POWER OF ATTORNEY. \*\***

**1) X \_\_\_\_\_ Real Estate Transactions**

To deal with any interest I may have in real property and sign all documents on my behalf concerning my interest, including, but not limited to, real property I may subsequently acquire or receive. These powers include, but are not limited to, the ability to:

- a)** Purchase, sell, exchange, accept as gift, place as security on loans, convey with or without covenants, rent, collect rent, sue for and receive rents, eject and remove tenants or other persons, to pay or contest taxes or assessments, control any legal claim in favor of or against me, partition or consent to partitioning, mortgage, charge, lease, surrender, manage or otherwise deal with real estate and any interest therein; and
- b)** Execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases and other instruments required for any such purpose.

**2) X \_\_\_\_\_ Maintain Property and Make Investments**

To retain any assets owned by me at the date this Durable Power of Attorney becomes effective, and the power to reinvest those assets in similar investments. In addition, my Attorney-in-fact may invest my assets in any new investments, of his or her choosing, regardless of whether or not they are authorized by any applicable legislation.

**3) X \_\_\_\_\_ Banking Transactions**

My Attorney-in-Fact is granted full authority to perform any act that I could perform with respect to any bank, credit union, brokerage firm, or other financial institution. This authority applies to all accounts listed below and any additional accounts I may hold now or may want to hold or open in the future.

**Designated Financial Institutions:**

**Bank / Institution #1**

Name: \_\_\_\_\_,

Branch Address: \_\_\_\_\_,

City/State/ZIP: \_\_\_\_\_,

Account Number(s): \_\_\_\_\_,

**Bank / Institution #2**

Name: \_\_\_\_\_,

Branch Address: \_\_\_\_\_,

City/State/ZIP: \_\_\_\_\_,

Account Number(s): \_\_\_\_\_,

**Bank / Institution #3**

Name: \_\_\_\_\_,

Branch Address: \_\_\_\_\_,

City/State/ZIP: \_\_\_\_\_,

Account Number(s): \_\_\_\_\_,

**\*\* (If more space is needed, initial here: \_\_\_\_\_, and attach an additional page) \*\***

My Attorney-in-Fact is authorized to perform any act with any bank, credit union, brokerage firm, or financial institution that I could perform personally, including but not limited to:

- **General Banking Authority:** My Attorney-in-Fact may perform any act with any financial institution that I could perform personally, including resolving disputes, initiating fraud claims, updating personal information, communicating with bank personnel, closing dormant accounts, disputing unauthorized transactions, and complying with regulatory or anti-fraud procedures. This authority extends to all in-person, telephone, mail, and online interactions with financial institutions.
- **Account Management:** My Attorney-in-Fact is authorized to open, establish, maintain, modify, merge, or close any financial account in my name or for my benefit. This includes, without limitation, checking accounts, savings accounts, money market accounts, certificates of deposit, brokerage and investment accounts, retirement plan accounts, trust accounts, custodial accounts, and any other similar accounts offered by a financial institution. My Attorney-in-Fact may select account types, designate beneficiaries where permitted, change account features, update contact information, and manage online banking access, including usernames, passwords, and security credentials.
- **Deposits, Withdrawals, and Transactions:** My Attorney-in-Fact may conduct any transaction involving my accounts, including making deposits of cash, checks, electronic payments, or other instruments; withdrawing funds by any lawful method; initiating transfers between my accounts or to third parties; and authorizing wire transfers, ACH transactions, Zelle or similar electronic transfers, and mobile deposits. My Attorney-in-Fact may negotiate, endorse, sign,

deposit, or cash checks, drafts, warrants, money orders, or any other negotiable instruments payable to me or requiring my signature.

- **Access to Records and Statements:** My Attorney-in-Fact may request, obtain, inspect, copy, and review any and all financial records related to my accounts, including monthly statements, passbooks, transaction histories, canceled checks, deposit records, tax forms, loan documents, credit reports, and any other information maintained by a financial institution. This authority includes access to digital records, online banking portals, archived statements, and any information necessary to verify balances, resolve discrepancies, or manage my financial affairs.
- **Loans and Credit Authority:** My Attorney-in-Fact may borrow money in my name from any financial institution or lender, whether secured or unsecured, and may negotiate all terms of credit, including interest rates, repayment schedules, collateral requirements, and loan modifications. My Attorney-in-Fact may execute promissory notes, loan agreements, security agreements, pledges of collateral, renewals, extensions, refinancing agreements, and any related documents necessary to obtain or manage credit on my behalf.
- **Securities and Government Instruments:** My Attorney-in-Fact may deposit, negotiate, sell, redeem, transfer, or otherwise manage any note, bond, security, or draft of the United States of America or any state or political subdivision, including U.S. Treasury Securities, savings bonds, and other government-issued instruments. This authority includes the ability to access TreasuryDirect accounts, manage redemptions, reinvest proceeds, and complete any forms or certifications required by federal or state agencies.
- **Safe Deposit Boxes Access:** My Attorney-in-Fact may access, enter, open, inventory, remove contents from, or close any safe deposit box registered in my name or to which I have access. My Attorney-in-Fact may sign any access cards, entry logs, or authorization forms required by the financial institution and may take possession of, safeguard, or transfer any items stored within the safe deposit box.
- **Financial Statements and Certifications:** My Attorney-in-Fact may prepare, sign, and deliver any financial statements, affidavits, certifications, disclosures, indemnities, or other documents required by any bank, lender, or financial institution. This includes statements of identity, ownership, tax status, residency, solvency, or any other information necessary to complete transactions or maintain compliance with institutional or regulatory requirements.

4) X \_\_\_\_\_ **Digital Currency and Digital Asset Authority**

My Attorney-in-Fact is authorized to access, manage, control, transfer, buy, sell, exchange, convert, safeguard, or otherwise handle any digital currency or digital asset owned by me or held for my benefit. This authority includes, without limitation, cryptocurrencies (such as Bitcoin, Ethereum, and similar blockchain-based assets), stablecoins, tokenized assets, memecoins, NFTs, digital wallets, exchange accounts, custodial and non-custodial wallets, cold storage devices, and any future forms of digital or virtual currency recognized by law or industry practice.

**My Attorney-in-Fact may:**

- Access and manage any digital wallet, exchange platform, or online account used to store or transact digital assets, including the ability to reset passwords, update security settings, and complete identity verification procedures required by service providers.

- Initiate, authorize, or approve transfers, trades, conversions, staking, or liquidation of digital assets, whether through centralized exchanges, decentralized platforms, peer-to-peer transactions, or blockchain-based smart contracts.
- Safeguard, store, or relocate private keys, seed phrases, recovery phrases, authentication devices, hardware wallets, or any other credentials necessary to access or control digital assets.
- Retrieve transaction histories, account statements, tax documents, and any other records related to digital asset holdings or activity.
- Sign any forms, disclosures, certifications, or compliance documents required by digital asset platforms, custodians, or regulatory authorities.
- Take any action necessary to protect, secure, or recover digital assets, including responding to fraud alerts, initiating account recovery procedures, or engaging technical support or legal assistance.

This authority extends to all digital asset platforms, whether domestic or international, centralized or decentralized, custodial or non-custodial, and includes any future technologies or systems used to store or transact digital currency.

5) ☒ \_\_\_\_\_ **Business Operating Transactions**

To take any action my Attorney-in-fact deems necessary with any business that I may own or have an interest in by doing any act which can be done through an Attorney-in-fact. This power includes, but is not limited to, the power to execute, seal and deliver any instrument; participate in any legal business of any kind; execute partnership agreements and amendments; to incorporate, reorganize, consolidate, merge, sell, or dissolve any business; to elect or employ officers, directors and agents; and to exercise voting rights with respect to any stock I may own, either in person or by proxy.

6) ☒ \_\_\_\_\_ **Insurance Transactions Authority**

My Attorney-in-Fact is authorized to manage, administer, modify, initiate, terminate, and otherwise act on any insurance policy held in my name or for my benefit, whether issued in California, another U.S. state, or internationally. All actions involving California-issued policies must comply with the California Insurance Code, the regulations of the California Department of Insurance (CDI), and all applicable consumer-protection statutes.

**This authority includes, without limitation:**

• **Auto, Vehicle, and Transportation Insurance**

Managing all auto, motorcycle, commercial vehicle, RV, and watercraft policies, including obtaining, renewing, modifying, or canceling coverage; filing claims under California's fault-based rules; managing repairs and total-loss determinations; updating drivers and garaging information; and ensuring compliance with California's financial responsibility laws and Proposition 103 requirements.

• **Homeowners, Renters, Landlord, and Property Insurance**

Managing homeowners, renters, landlord, condominium, mobile home, fire, flood, and earthquake policies; filing claims for wildfire, earthquake, mudslide, theft, or other California-specific risks; coordinating with adjusters and contractors; managing Additional Living

Expense (ALE) benefits; and ensuring compliance with California policyholder rights and disclosures.

- **Life Insurance, Annuities, and Cash-Value Policies**

Managing term, whole, universal, variable, AD&D, and annuity contracts; paying premiums; requesting policy loans; accessing cash value; modifying coverage; and handling reinstatement or lapse notices.

**My Attorney-in-Fact may change beneficiaries only as permitted by law and may not name himself or herself as a beneficiary unless already designated prior to this document.**

- **Health, Medical, Disability, and Long-Term Care Insurance**

Managing individual and group health plans regulated by CDI or Covered California; Medicare, Medi-Cal, Medigap, dental, vision, prescription, disability, and long-term care policies; filing claims, appealing denials, obtaining EOBs, updating coverage, selecting plans; and managing Medi-Cal eligibility documentation and estate-recovery compliance.

- **Business, Commercial, and Professional Insurance**

Managing general liability, professional liability (E&O), workers' compensation, commercial auto, commercial property, cyber liability, and business interruption policies; filing claims, negotiating settlements, updating coverage, and ensuring compliance with California business insurance requirements.

- **Pet Insurance**

Managing any pet insurance policy regulated under California Insurance Code §12880–12880.4, including wellness, accident-only, illness, and comprehensive plans; filing claims, managing reimbursements, and updating policy information.

- **Travel, Accident, Identity, and Specialty Insurance**

Managing travel insurance, trip protection, baggage insurance, accidental injury policies, identity theft protection, credit protection insurance, and any other specialized or supplemental coverage permitted under California law.

- **Insurance Transactions and Financial Actions**

Performing any insurance-related financial action, including paying premiums, deductibles, and fees; starting, modifying, renewing, reinstating, or terminating policies; managing cash payouts, dividends, refunds, reimbursements, and policy proceeds; borrowing from insurers or third parties using policies as collateral; accessing policy documents, declarations pages, claim histories, and digital accounts; and completing any forms, affidavits, certifications, or disclosures required by insurers or regulatory authorities.

- **Claims, Settlements, and Dispute Resolution**

Filing, pursuing, negotiating, settling, or withdrawing claims; complying with California's Fair Claims Settlement Practices Regulations (Title 10, CCR §2695.1 et seq.); communicating with adjusters; providing documentation; receiving settlement proceeds; endorsing checks; and managing dispute resolution, including mediation or appraisal processes.

- **General Authority**

Performing any act related to insurance that I could perform personally, including selecting carriers, comparing policies, updating personal information, managing online accounts, and ensuring continuous and adequate coverage across all policy types and jurisdictions.

7) X \_\_\_\_\_ **Authority to Manage Health Care Records**

The Principal hereby grants the Agents full authority to act on the Principal's behalf in all matters related to the Principal's health care records. This authority includes, but is not limited to, the following powers:

- a) **Access to Records:** To request, obtain, and review any and all health care records pertaining to the Principal, including medical, dental, mental health, and other health-related records, from any health care provider, facility, or insurer.
- b) **Disclosure of Records:** To authorize the release or disclosure of the Principal's health care records to third parties, including other health care providers, insurers, or legal representatives, as necessary for the Principal's care or related purposes.
- c) **Management of Records:** To update, correct, or amend the Principal's health care records, including providing or verifying information to ensure accuracy, and to manage electronic access to such records through patient portals or other systems.
- d) **HIPAA Compliance:** To execute any authorizations, waivers, or other documents required under the Health Insurance Portability and Accountability Act (HIPAA) or other applicable laws to access or share the Principal's protected health information.
- e) **Communication with Providers:** To communicate with health care providers, insurers, or other entities regarding the Principal's health care records, including requesting copies, clarifying information, or resolving disputes.
- f) **Dispute Resolution:** To pursue claims or disputes related to the Principal's health care records, including addressing issues of access, accuracy, or unauthorized disclosure, and engaging third parties, such as legal counsel, as needed.

8) X \_\_\_\_\_ **Authority to Manage Legal Actions, Claims, and Litigation Matters**

The Principal hereby grants the Agents full authority to act on the Principal's behalf in all matters related to legal actions, claims, and litigation proceedings, whether for or against the Principal. This authority includes, but is not limited to, the following powers:

- a) **Initiation and Pursuit of Legal Actions:** To institute, initiate, file, maintain, or pursue any lawsuits, claims, actions, suits, attachments, or other legal proceedings on behalf of the Principal in any court, tribunal, or administrative body, including but not limited to civil, criminal, or administrative matters.
- b) **Defense of Claims:** To defend, respond to, or contest any lawsuits, claims, actions, suits, or legal proceedings brought against the Principal, including negotiating settlements or agreements.
- c) **Settlement and Compromise:** To negotiate, compromise, settle, arbitrate, or otherwise dispose of any claims, disputes, or legal actions involving the Principal in whichever form or manner the Agents deems prudent, including executing settlement agreements, releases, or other related documents, and to receive or pay any resulting settlement.
- d) **Engagement of Legal Counsel:** To hire, consult with, or terminate attorneys, mediators, arbitrators, or other legal professionals to represent the Principal's interests in legal matters, and to pay reasonable fees for such services.



- e) **Document Execution:** To sign, prepare, execute, or deliver any legal documents, including pleadings, motions, affidavits, discovery materials, contracts, or arbitration agreements necessary to pursue, defend, or resolve the Principal's legal actions or claims.
- f) **Access to Records:** To obtain, review, and disclose any documents or information relevant to the Principal's legal actions, claims, or litigation proceedings, including court records, discovery materials, or related correspondence.
- g) **Representation in Proceedings:** To appear on behalf of the Principal in any legal proceedings, including hearings, depositions, mediations, arbitrations, or trials, and to make decisions regarding the conduct of such proceedings.

9) ☒ \_\_\_\_\_ **Tax Matters**

My Agent(s) is authorized to act for me in all matters relating to my local, state, and federal taxes. This authority includes, but is not limited to, the power to prepare, sign, verify, and file any tax-related documents with any governmental body or agency. This authority expressly includes:

- **Preparation and Filing of Returns**

To prepare, sign, and file any income, employment, property, excise, sales, use, franchise, or other tax returns, declarations, extensions, elections, statements, or schedules with federal, state, local, or other taxing authorities; and to receive, endorse, and negotiate any refund checks or credits issued to me.

- **Access to Tax Information**

To request, obtain, review, and receive any tax information, transcripts, records, notices, correspondence, or documents from the Internal Revenue Service, the Franchise Tax Board, the State Board of Equalization, county tax assessors, or any other governmental tax authority.

- **Representation Before Tax Authorities**

To represent me in all tax matters, including audits, examinations, hearings, appeals, collections, and administrative proceedings; and to communicate, negotiate, compromise, or settle any tax liability, penalty, interest, or dispute with any governmental agency.

- **Execution of Authorizations and Forms**

To execute any authorization or form required by a taxing authority, including but not limited to IRS Form 2848 (Power of Attorney), IRS Form 8821 (Tax Information Authorization), state equivalents, or any other document necessary to carry out the powers granted in this section.

- **General Tax Authority**

To perform any act that I could perform with respect to my tax obligations, filings, disputes, refunds, credits, or compliance matters, including updating my taxpayer information, responding to notices, and managing installment agreements or payment plans.

10) ☒ \_\_\_\_\_ **Government Benefits**

To act on my behalf in all matters that affect my right to allowances, compensation, reimbursements, benefits from social security, medicare, medicaid, or other governmental programs, and/or civil or military service properly payable to me by the Government of the United States or any agency or department thereof. This power includes, but is not limited to, the power to prepare, file, claim, defend or settle any claim on my behalf and to receive and manage, as my Attorney-in-fact sees fit, any proceeds of any claim.

**11) X \_\_\_\_\_ Retirement Benefit Transactions**

To act for me and represent my interests in all matters affecting any retirement savings or pension plans I may have. This power includes, but is not limited to, the power to continue contributions, change contribution amounts, change investment strategies and options, move assets to other plans, receive and manage payouts, and add or change existing beneficiaries. My Attorney-in-fact cannot add himself or herself as a beneficiary unless he or she is already a designated beneficiary as of the signing of this document.

**12) X \_\_\_\_\_ Family Care**

To make whatever expenditures are required for the maintenance, education, benefit, medical care and general advancement of me, my spouse and dependent children, and other persons that I have chosen or which I am legally required to support, any of which may include my Attorney-in-fact. This power includes, but is not limited to, the power to pay for housing, clothing, food, travel and other living costs.

**13) X \_\_\_\_\_ Chattel/Personal Property and Goods Transactions**

To purchase, sell or otherwise deal with any type of personal property I may currently or in the future have an interest in. This includes, but is not limited to, the power to purchase, sell, exchange, accept as gift, place as security on loans, rent, lease, to pay or contest taxes or assessments, mortgage or pledge.

**14) X \_\_\_\_\_ Estate Transactions**

To do any act that I can do through an Attorney-in-fact with regard to all matters that affect any trust, probate estate, conservatorship, or other fund from which I may receive payment as a beneficiary. This power includes the power to disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate. However, my Attorney-in-fact cannot disclaim assets to which I would be entitled, if the result is that the disclaimed assets pass directly or indirectly to my Attorney-in-fact or my Attorney-in-fact's estate.

**15) X \_\_\_\_\_ Living Trust Transactions**

To transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer. This property can include real property, stocks, bonds, accounts, insurance policies or other property.

**16) X \_\_\_\_\_ Gift Transactions**

To make gifts to my spouse, children, grandchildren, great grandchildren, and other family members on special occasions, including birthdays and seasonal holidays, including cash gifts, and to such other persons with whom I have an established pattern of giving (or if it is appropriate to make such gifts for estate planning and/or tax purposes), in such amounts as my Attorney-in-fact may decide in his or her absolute discretion, having regard to all of the circumstances, including the gifts I made while I was capable of managing my own estate, the size of my estate and my income requirements.

**17) X \_\_\_\_\_ Charity Transactions**

To continue to make gifts to charitable organizations with whom I have an established pattern of giving (or if it is appropriate to make such gifts for estate planning and/or tax purposes), in such amounts as my Attorney-in-fact may decide in his or her absolute discretion, having regard to all of the circumstances, including the gifts I made while I was capable of managing my own estate, the size of my estate and my income requirements.

**18) X \_\_\_\_\_ Employ Required Professionals**

To appoint and employ any agents, servants, companions, or other persons, including nurses and other health care professionals for my care and the care of my spouse and dependent children, and accountants, attorneys, clerks, workers and others for the management, preservation and protection of my property and estate, at such compensation and for such length of time as my Attorney-in-fact considers advisable.

**19) X \_\_\_\_\_ Storage Unit Power**

My Agents shall have full power and authority to act on my behalf with respect to any and all matters concerning any storage unit(s) now or hereafter rented or owned by me, including but not limited to the following specific powers:

- a) To enter into, execute, modify, renew, extend, or terminate any storage unit rental agreement or lease in my name;
- b) To pay or arrange payment of any rent, fees, late charges, lien sale avoidance costs, or other amounts due for the storage unit(s);
- c) To access the storage unit(s) at any time, with or without notice, using any provided access code, key, or other means;
- d) To add, remove, inventory, organize, sell, donate, discard, or otherwise dispose of any and all personal property stored in the unit(s);
- e) To hire or direct movers, auction companies, or any other third parties in connection with the contents of the unit(s);
- f) To defend against or satisfy any storage facility lien, attend any lien sale or auction related to my unit(s), and redeem or repurchase my property if necessary;
- g) To receive any notices, demands, or correspondence from the storage facility and to respond on my behalf; and
- h) To execute any documents and take any actions reasonably necessary to carry out the foregoing powers.

*These powers specifically apply to (but are not limited to) the storage unit(s) located at:*

*Facility Names:* \_\_\_\_\_

*Address:* \_\_\_\_\_, *Unit Number:* \_\_\_\_\_

*\*\* (If more space is needed, initial here: \_\_\_\_\_, and attach an additional page) \*\**

**20) X \_\_\_\_\_ Vehicles and Personal Property**

To act in my capacity and with full power and authority to claim, operate, manage and retain the following vehicle(s) and personal property in my place and stead:

a) Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ V.I.N.: \_\_\_\_\_.

b) Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ V.I.N.: \_\_\_\_\_.

**\*\* (If more space is needed, initial here: \_\_\_\_\_, and attach an additional page) \*\***

- 1) My attorney in fact is authorized to retrieve the above-described vehicle(s) from any impound or towing facility. This authority includes, but is not limited to, presenting necessary documentation, paying fees, and taking any actions required for the release of the vehicle(s).
- 2) Negotiate and settle any disputes or claims related to vehicle(s) transactions.
- 3) Initiate and settle total loss claims for said vehicle(s).
- 4) Perform any requirements and take all actions necessary to complete the total loss settlement, including negotiating with insurance companies, signing necessary documents, and receiving settlement proceeds.
- 5) Retain the vehicle(s) and its contents in place and stead during the total loss settlement process.
- 6) Obtain and sign any necessary forms from the Department of Motor Vehicles or any relevant authority.
- 7) Purchase, sell, lease, transfer, donate and register vehicles on my behalf.
- 8) Sign documents forms necessary for the purchase, sale, transfer, donation or registration of vehicles.
- 9) Obtain and sign any necessary forms from the Department of Motor Vehicles or any relevant authority.
- 10) Take any and all actions necessary to carry out the above powers effectively.

**21) X \_\_\_\_\_ Authority Over Personal Property Held by Law Enforcement**

My Attorney-in-Fact is granted full power and authority to act in my name, place, and stead with respect to any personal property, documents, funds, or belongings held, stored, seized, or retained by any police department, sheriff's department, law enforcement agency, correctional facility, or governmental authority. This authority includes, but is not limited to, the power to:

- a) Request, demand, and obtain the release of any personal property belonging to me, regardless of whether such property is held as evidence, safekeeping, inventory, or pursuant to any investigation or arrest.
- b) Present identification, documentation, affidavits, declarations, or any other forms required by law enforcement or governmental agencies to secure the release of said property.
- c) Pay any fees, storage charges, administrative costs, or other amounts required for the retrieval or release of the property.
- d) Sign receipts, acknowledgments, declarations, or any other documents necessary to obtain possession of the property.
- e) Communicate, negotiate, and correspond with law enforcement personnel, property clerks, evidence technicians, or other officials regarding the status, release, or disposition of the property.
- f) Take possession of the property on my behalf and transport, store, or otherwise safeguard it once released.
- g) Take any and all actions reasonably necessary to recover, manage, or protect the property and to carry out the powers granted in this section.

**22) X \_\_\_\_\_ Authority to Manage Pawn Shop Transactions**

The Principal hereby grants the Agents full authority to act on the Principal's behalf in all matters related to pawn shop transactions involving the Principal's property, accounts, information, and funds. This authority includes, but is not limited to, the following powers:

- a) Property Transactions: To pawn, sell, redeem, or otherwise dispose of or recover any personal property owned by the Principal at any pawn shop, including signing all necessary documents, receipts, or agreements related to such transactions.
- b) Financial Transactions: To access, manage, withdraw, or deposit funds held by or owed to the Principal at any pawn shop, including negotiating loan terms, paying fees or interest, and settling any debts or obligations arising from pawn shop agreements.
- c) Account Management: To open, close, or modify any accounts maintained by the Principal at a pawn shop, including updating contact information, accessing account records, and authorizing or restricting access to such accounts.
- d) Information Access: To obtain, review, and disclose any information related to the Principal's transactions, accounts, or property at a pawn shop, including retrieving pawn tickets, loan agreements, or other documentation.
- e) Dispute Resolution: To negotiate, settle, or pursue claims or disputes with any pawn shop on behalf of the Principal, including filing complaints, redeeming disputed property, or recovering funds.
- f) Delegation: To engage third parties, such as attorneys or appraisers, as necessary to facilitate pawn shop transactions, provided such actions are in the Principal's best interest.

This authority shall extend to all pawn shops where the Principal has conducted or may conduct business and shall include any actions reasonably necessary to carry out the above powers.

**\*\* ONLY INITIAL NUMBER 22) TO GRANT ATTORNEY-IN-FACT ALL POWERS NUMBERED 1) THROUGH 22) AND YOU NEED NOT INITIAL EACH INDIVIDUAL NUMBERED POWER. \*\***

**23) X \_\_\_\_\_ FULL POWER AUTHORIZATION GRANTED**

The Principal hereby grants the Agents full authority to act on the Principal's behalf in all matters related to ALL specified powers numbered 1) through 20) listed in this Durable Power Of Attorney and shall include any actions reasonably necessary to carry out any and/or all of the powers above.

**9. Attorney-in-fact Compensation**

My Attorney-in-fact will receive no compensation except for the reimbursement of all out of pocket expenses associated with the carrying out of my wishes.

**10. Co-owning of Assets and Mixing of Funds**

My Attorney-in-fact may continue to co-own assets and have any funds owned by him or her mixed with my funds to the same extent that the co-owning of assets and mixing of funds existed before the operation of this Durable Power of Attorney.

**11. Personal Gain from Managing My Affairs**

My Attorney-in-fact is allowed to personally gain from any transaction he or she may complete on my behalf if the transaction is completed in good faith and with my Attorney-in-fact believing it is in my best interest.

**12. Delegation of Authority**

My Attorney-in-fact may delegate any authority granted under this document to a person of his or her choosing. Any delegation must be in writing and state the extent of the power delegated and the period of time in which the delegation will be effective.

**13. Attorney-in-fact Restrictions**

This Durable Power of Attorney is not subject to any conditions or restrictions other than those noted above.

**14. Notice to Third Parties**

Any third party who receives a valid copy of this Durable Power of Attorney can rely on and act under it. A third party who relies on the reasonable representations of my Attorney-in-fact as to a matter relating to a power granted by this Durable Power of Attorney will not incur any liability to the Principal or to the Principal's heirs, assigns, or estate as a result of permitting the Attorney-in-fact to exercise the authority granted by this Durable Power of Attorney up to the point of revocation of this Durable Power of Attorney. Revocation of this Durable Power of Attorney will not be effective as to a third party until the third party receives notice and has actual knowledge of the revocation.

**15. Severability**

If any part of any provision of this document is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or the remaining provisions of this document.

**16. Acknowledgment**

I, \_\_\_\_\_, being the Principal named in this Durable Power of Attorney hereby acknowledge:

- a) I have read and understand the nature and effect of this Durable Power of Attorney;
- b) I recognize that this document gives my Attorney-in-fact broad powers over my assets, and that these powers will continue past the point of my incapacity;
- c) I am of legal age in the State of California to grant a Durable Power of Attorney;
- d) I am voluntarily giving this Durable Power of Attorney and recognize that the powers given in: and that this power is durable and shall remain in full force and effect notwithstanding the Principal's subsequent incapacity or disability, unless revoked in writing by the Principal or as otherwise provided by law.

IN WITNESS WHEREOF I hereunto set my hand and seal at the City of \_\_\_\_\_ in the State of California, this \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Name of Principal

\_\_\_\_\_  
Signature of Principal

**ACKNOWLEDGEMENT**

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, \_\_\_\_\_, 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, and that by his/her/their signatures on the instrument to be 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

\_\_\_\_\_  
Notary Public Signature

(Seal)

**Notice to Person(s) Accepting the Appointment as Attorney-in-Fact**

By acting or agreeing to act as the agent(s) (attorney-in-fact) under this Durable Power Of Attorney for:

\_\_\_\_\_, (the "Principal"),  
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 Durable 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 Durable 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 Durable Power Of Attorney.**

\_\_\_\_\_  
Signature of Agent One

\_\_\_\_\_  
Signature of Agent Two

\_\_\_\_\_  
Printed Name of Agent One

\_\_\_\_\_  
Printed Name of Agent Two

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed