

**CALIFORNIA COPY CERTIFICATION OF POWER OF ATTORNEY
PROBATE CODE § 4307**



State of California }
County of _____ } ss.

On this the _____ day of _____, _____, I certify that the attached
Day Month Year

document is a true, complete and unaltered
copy of a power of attorney presented
to and examined by me on this date by

Name of Person Presenting Document

under Section 4307 of the California
Probate Code.

Place Notary Seal and/or Stamp Above

Signature of Notary Public

OPTIONAL

*Though this information is optional, completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.*

Description of Original Power of Attorney

Title of Original Power of Attorney: _____

Document Date: _____ Number of Pages: _____ If Recorded, Name of County: _____

Name of Individual Granting Power of Attorney: _____

Name of Individual Designated Attorney in Fact: _____

Name of Entity Represented by Attorney in Fact, if Any: _____

Address Where Original Power of Attorney Kept: _____

Capacity Claimed by Custodian of Original Power of Attorney

- Individual
- Corporate Officer — Title: _____
- University or School Officer — Title: _____
- Governmental Officer or Agent — Title: _____
- Business Proprietor or Manager for _____
- Attorney for _____
- Trustee for _____
- Other: _____

