

UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code §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 §§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, **Joe Donald Smith**, of

Street Address: 123 Palm Ave

City: San Diego

State / Province: CA

Postal / Zip Code: 92111

as an individual and as co-Trustee of **Joe Donald & Jane Helen Smith Family Trust**, executed by my wife and me concurrently herewith, appoint my wife, **Jane Helen Smith**, as my Agent ("Attorney-in-Fact") to act for me in any lawful way with respect to the following initialed subjects:

If my wife is unable or unwilling to serve, I appoint **Jan Smith** as my Successor Agent 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 WITH AN X.

INITIAL

- (_____) (A) Real estate 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).

SPECIAL INSTRUCTIONS:

My Agent has the power and authority to request, review, and receive, to the extent I could do so individually, any information, verbal or written, regarding my physical or mental health, including, but not limited to, my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164. I hereby authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me, that I paid for or is seeking payment from me for such services, to give, disclose, and refer to my Agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present, or future medical or mental health condition. For the purpose of complying with §56.11 of the California Civil Code, I have executed a form entitled AUTHORIZATION OF WAIVER FOR THE INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH concurrently herewith. This authority given my Agent shall supersede any other agreement which I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. This authority given my agent shall be effective immediately, has no expiration date and shall expire only in the event that I revoke this authority in writing and deliver it to my health care provider.

My Agent has the power and authority to exercise all powers I may have over any digital device, digital asset, user account, and electronically stored information, including any user account and digital asset that currently exists or may be developed as technology develops, whether the same is in my own name or that I own or lawfully use jointly with any other individual (such accounts shall include, without limitation, electronic banking accounts, electronic investment accounts, debt management accounts, automatic bill payment directives, and social media accounts). Such powers include, but are not limited to, changing and circumventing my username and password to gain access to such user accounts and information; accessing any of my passwords or other electronic profile data from applicable electronic record host entities; transferring or withdrawing funds or other digital assets among or from such user accounts; opening new user accounts in my name; all as my agent determines is necessary or advisable to effectively conduct my personal and financial affairs, to discharge any and all obligations I may owe and to maintain my public reputation. I hereby give my lawful consent and fully authorize my agent to access, manage, control, delete and terminate any electronically stored information and communications of mine to the fullest extent allowable under the federal Electronic Communications Privacy Act of 1986, 18 USC 2510 et seq., as amended from time to time, the Revised Uniform Fiduciary Access to Digital Assets Act (Part 20, Division 2 of the California Probate Code) and any other federal, state or international law and to take any actions I am authorized to take under all applicable terms of service, terms of use, licensing and other account agreements or laws. To the extent a specific reference to any federal, state, local or

international law is required in order to give effect to this provision, I specifically provide that my intention is to so reference such law, whether such law is now in existence or comes into existence or is amended after the date of this document.

My Agent has the power and authority to create an irrevocable trust on my behalf wherein the beneficial interests at my death shall be the same as the dispositive provisions in the trust agreement hereinabove referenced in effect on the date such irrevocable trust is created, to name the Trustees and successor Trustees, and to fund such irrevocable trust with all or any assets of mine or other interests in property which are capable of being held in said irrevocable trust, including those assets which may then be held in the revocable trust agreement hereinabove referenced. This authority includes the power to create and fund an irrevocable trust which may qualify me for "Medi-Cal". My Agent may serve as the Trustee of the irrevocable trust. My Agent shall have the power to withdraw income or principal on my behalf or for my benefit, and to exercise whatever trust powers or elections which I may exercise.

If proceedings are initiated for the appointment of a conservator of my estate, I hereby nominate my Agent (or successor Agent) named above as such conservator. I hereby waive the requirement of a bond. I request that, if my Agent is so appointed as conservator of my estate, the court make an order granting to that person all or as many of those independent powers listed in California Probate Code §2591 as the court deems appropriate.

I revoke all prior General Powers of Attorney that I may have executed and I retain the right to revoke or amend this document and to substitute other attorneys in fact in place of my Agent herein named. Amendments to this document shall be made in writing by me personally (or by my Agent) and they shall be attached to the original of this document and recorded in the same county or counties as the original if the original is recorded.

ON THE FOLLOWING LINES, YOU MAY GIVE ADDITIONAL SPECIFIC 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.

I agree that any third party who receives a copy of this document may act under it. 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 may arise against the third party because of reliance on this Power of Attorney.

SAMPLE

Signed this ____ day of _____, 20__.

Joe Donald Smith

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 _____, 20__, before me, _____, a Notary Public, personally appeared Joe Donald Smith, 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 Signature

Notary Public Seal

BY ACCEPTING OR ACTING UNDER THE ABOVE INSTRUMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

SAMPLE

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I, **Jane Helen Smith**, of

Street Address: 123 Palm Ave

City: San Diego

State / Province: CA

Postal / Zip Code: 92111

as an individual and as co-Trustee of **Joe Donald & Jane Helen Smith Family Trust**, executed by my husband and me concurrently herewith, appoint my husband, **Joe Donald Smith**, as my Agent ("Attorney-in-Fact") to act for me in any lawful way with respect to the following initialed subjects.

If my husband is unable or unwilling to serve, I appoint **Jane Helen Smith** as my successor Agent 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 WANT TO GRANT.

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

INITIAL

- (_____) (A) Real estate 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).

SPECIAL INSTRUCTIONS:

My Agent has the power and authority to request, review, and receive, to the extent I could do so individually, any information, verbal or written, regarding my physical or mental health, including, but not limited to, my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164. I hereby authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me that I paid for or is seeking payment from me for such services, to give, disclose, and release to my Agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present, or future medical or mental health condition. For the purpose of complying with §56.11 of the California Civil Code, I have executed a form entitled AUTHORIZATION AND WAIVER FOR THE INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH concurrently herewith. This authority given my Agent shall supersede any other agreement which I may have made with my health care providers to restrict access to disclosure of my individually identifiable health information. This authority given my Agent shall be effective immediately, has no expiration date and shall expire only in the event that I revoke this authority in writing and deliver it to my health care provider.

My Agent has the power and authority to exercise all powers I may have over any digital device, digital asset, user account and electronically stored information, including any user account and digital asset that currently exists or may exist in the future, whether the same is in my own name or that I own or lawfully use jointly with any other individual (such accounts shall include, without limitation, electronic banking accounts, electronic investment accounts, debt management accounts, automatic bill payment directives, and social media accounts). Such powers include, but are not limited to, changing and circumventing my username and password to gain access to such user accounts and information; accessing any of my passwords or other electronic profile data from applicable electronic record host entities; transferring or withdrawing funds or other digital assets among or from such user accounts; opening new user accounts in my name; all as my agent determines is necessary or advisable to effectively conduct my personal and financial affairs, to discharge any and all obligations I may owe and to maintain my public reputation. I hereby give my lawful consent and fully authorize my agent to access, manage, control, delete and terminate any electronically stored information and communications of mine to the fullest extent allowable under the federal Electronic Communications Privacy Act of 1986, 18 USC 2510 et seq., as amended from time to time, the Revised Uniform Fiduciary Access to Digital Assets Act (Part 20, Division 2 of the California Probate Code) and any other federal, state or international law and to take any actions I am authorized to take under all applicable terms of service, terms of use, licensing and other account agreements or laws. To the extent a specific reference to any federal, state, local or

international law is required in order to give effect to this provision, I specifically provide that my intention is to so reference such law, whether such law is now in existence or comes into existence or is amended after the date of this document.

My Agent has the power and authority to create an irrevocable trust on my behalf wherein the beneficial interests at my death shall be the same as the dispositive provisions in the trust agreement hereinabove referenced in effect on the date such irrevocable trust is created, to name the Trustees and successor Trustees, and to fund such irrevocable trust with all or any assets of mine or other interests in property which are capable of being held in said irrevocable trust, including those assets which may then be held in the revocable trust agreement hereinabove referenced. This authority includes the power to create and fund an irrevocable trust which may qualify me for "Medi-Cal". My Agent may serve as the Trustee of the irrevocable trust. My Agent shall have the power to withdraw income or principal on my behalf or for my benefit, and to exercise whatever trust powers or elections which I may exercise.

If proceedings are initiated for the appointment of a conservator of my estate, I hereby nominate my Agent (or successor Agent) named above as such conservator. I hereby waive the requirement of a bond. I request that, if my Agent is so appointed as conservator of my estate, the court make an order granting to that person all or as many of those independent powers listed in California Probate Code §2591 as the court deems appropriate.

I revoke all prior General Powers of Attorney that I may have executed and I reserve the right to revoke or amend this document and to substitute other attorneys in fact in place of the agent herein named. Amendments to this document shall be made in writing by me personally (or by my agent) and they shall be attached to the original of this document and recorded in the same county and counties as the original if the original is recorded.

ON THE FOLLOWING LINES, YOU MAY GIVE ADDITIONAL 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.

I agree that any third party who receives a copy of this document may act under it. 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 may arise against the third party because of reliance on this Power of Attorney.

Signed this ____ day of _____, 20__.

Jane Helen Smith

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 _____, 20__, before me, _____, a Notary Public, personally appeared Jane Helen Smith, 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 Signature

Notary Public Seal

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

SAMPLE