

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 document is a true,
Day Month Year
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

*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 of School Officer – Title: _____
- Government Officer or Agent – Title: _____
- Business Proprietor or Manager for _____
- Attorney for _____
- Trustee for _____
- Other: _____

California Copy Certification of Power of Attorney

California law allows Notaries to certify copies of powers of attorney under section 4307 of the California Probate Code.

If no other notarial wording is prescribed, this certificate may be used to certify such copies.

The NNA recommends that Notaries make, or supervise the making of, the copy. If the signer presents both the original document and a copy, no less than a line-by-line comparison is required for the Notary to certify the copy.

Unlike other notarial certificates which are typically stapled to the last page

of a notarized document, this certificate should be stapled to the front page of the copy as a cover sheet.

IMPORTANT NOTE: With the exception of copies of journal entries certified at the request of the Secretary of State, California Notaries do not have statutory authority to certify copies of any other type of document.

The optional section at the bottom can deter alteration of the document of fraudulent reattachment of this form to an unintended document. The insections of this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

Instructions:

1 NAME OF COUNTY where Notary performs notarization.

2 DATE OF NOTARIZATION. Actual day, month and year in which original power of attorney is presented to Notary for copy certification.

3 NAME OF INDIVIDUAL who presented power of attorney to Notary. Line through any remaining space.

4 SIGNATURE OF NOTARY exactly as name appears on commissioning papers and in seal.

5 NOTARY SEAL IMPRINT, clearly and legibly affixed. Be sure to affix your seal so it does not protrude into certificate margin.

SPACES 6–15 ARE OPTIONAL. Omission of information here will not affect the document's validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

6 TITLE OF ORIGINAL POWER OF ATTORNEY such as "Durable Power of Attorney."

7 DATE OF ORIGINAL DOCUMENT. The power of attorney's date of signing, effect, or issuance may be noted here.

8 NUMBER OF PAGES IN THE ORIGINAL DOCUMENT. This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.

9 COUNTY WHERE RECORDED. Since powers of attorney related to transfer of real estate may be recorded, indicate the name of the county where the document is or will be recorded — if applicable.

10 NAME OF PERSON GRANTING POWER OR ATTORNEY. The name of the person who granted power of attorney, either as an individual or as a representative of a corporation, partnership or other entity as indicated in the power of attorney document.

11 NAME OF PERSON DESIGNATED ATTORNEY IN FACT. This is the person named in the document as recipient of the power of attorney, either as an individual or as a representative of a corporation, partnership or other legal entity.

12 NAME OF ENTITY REPRESENTED BY ATTORNEY IN FACT. If applicable, the name of the corporation, partnership, estate, trust or other legal entity represented by the attorney in fact as indicated in the power of attorney.

13 WHERE ORIGINAL POWER OF ATTORNEY IS KEPT. The name and address of the person, firm or agency retaining custody of the original power of attorney.


14 CAPACITY CLAIMED BY PRESENTER named in space 3. Check appropriate box to indicate whether presenter is acting as an individual on his or her own behalf; or as a corporate, university or school officer, governmental officer or agent, business proprietor or manager, attorney, trustee, or in another capacity.

15 DESCRIPTION OF OTHER CAPACITY. A description of the custodian's capacity or title, if not accurately described in space 14.

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PROBATE CODE § 4307

State of California } ss.
County of LOS ANGELES **1**

2 On this the 19 day of January, 20XX, I certify that the attached document is a true, complete and unaltered copy of a power of attorney presented to and examined by me on this date by Michael T. Smith **3**
Name of Person Presenting Document

5  **4**
Signature of Notary Public
under Section 4307 of the California Probate Code.

6 Durable Power of Attorney **6**
Title of Original Power of Attorney

7 1/19/20XX **8** 1 **9**
Document Date: 1/19/20XX Number of Page: 1 If Recorded, Name of County: LOS ANGELES

10 Mary J. Smith **10**
Name of Individual Granting Power of Attorney

11 Michael T. Smith **11**
Name of Individual Designated Attorney in Fact

12 NONE **12**
Name of Entity Represented by Attorney in Fact, if Any

13 123 Main St, Los Angeles, CA 90135 **13**
Address Where Original Power of Attorney Kept

14 Individual
 Corporate Officer – Title: _____
 University or School Officer – Title: _____
 Government Officer or Agent – Title: _____
 Business Proprietor or Manager for _____
 Attorney for _____
 Trustee for _____
15 Other: _____

OPTIONAL
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