

## POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN (California Probate Code Division 4.5, Part 3, Chapters 1 and 2). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE YOUR AGENT TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOU. THIS POWER OF ATTORNEY MAY BE REVOKED BY YOU IF YOU LATER WISH TO DO SO.

I ANTHONY WIGGLE, of Sonoma, California, appoint GREG WIGGLE, of Marin, California, to be my attorney in fact (agent) to act for me in any way that I could lawfully act with respect to the following initialed matters:

TO GRANT ALL THE FOLLOWING POWERS INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE BLANKS BEFORE THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER BEING GRANTED. TO OMIT ANY POWERS, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER OMITTED.

### 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 transactions;
- \_\_\_ (H) estate, trust, and other beneficiary transactions;
- \_\_\_ (I) claims and litigation;
- \_\_\_ (J) personal and family maintenance;
- \_\_\_ (K) benefits from social security, Medicaid or other governmental programs or military service;
- \_\_\_ (L) retirement plan transactions;
- \_\_\_ (M) tax matters;
- \_\_\_ (N) ALL OF THE POWERS LISTED IN (A) THROUGH (M) ABOVE. YOU NEED NOT INITIAL ANY OF THE PRECEDING IF YOU INITIAL THIS ITEM.

**SPECIAL DIRECTIONS, POWERS, OR LIMITATIONS**

Here you may give special instructions to the agent about any matters or limit or extend the authority given to the agent.

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**UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY.**

**THIS POWER OF ATTORNEY WILL CONTINUE UNTIL IT IS REVOKED UNLESS YOU DIRECT OTHERWISE ABOVE.**

This power of attorney will continue to be effective even though I become disabled, incapacitated, or incompetent.

**STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER TO CONTINUE IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.**

I agree that any third party who receives a copy of this instrument may act under it. Revocation of the instrument shall not be effective for 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 instrument.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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(your signature)

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(your Social Security Number)

**[CALIFORNIA ACKNOWLEDGMENT]**

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