

# UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Civil Code Section 2475)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA CIVIL CODE SECTIONS 2475-2499.5, INCLUSIVE). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, AUBREY LEE LONG  
c/o PALOMARES NURSING & REHAB CENTER  
250 W. ARTESTIA  
POMONA, CA 91768  
(your name and address)

appoint ERNEST F. LONG  
706 MESA COURT  
UPLAND, CA 91786

(name and address of the person appointed, or of each person appointed if you want to designate more than one)

as my agent (attorney-in-fact) 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 WITHHELD.

**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 and annuity transactions.  
☐ (H) Estate, trust, and other beneficiary transactions.

**INITIAL**

- ☐ (I) Claims and litigations.  
☐ (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:**

ON THE FOLLOWING LINES YOU MAY GIVE 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.

**EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED**

If I have designated more than one agent, the agents are to act

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

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 arise against the third party because of reliance on this power of attorney.

Signed this 10th day of JUNE, 19 92

X: [Signature] 549-03-4907  
(your signature) (your social security number)

State of CALIFORNIA County of LOS ANGELES

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**  
**STATE OF CALIFORNIA**

COUNTY OF LOS ANGELES } ss.

On this 10th day of JUNE, 19 92, before me,

X: [Signature]  
(name of notary public)

personally appeared AUBREY LEE LONG

(name of principal)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

[Signature]  
(signature of notary public)



(notary seal)

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

Before you use this form, read it, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. WOLCOTT'S FORM 1402 - UNIFORM STATUTORY FORM POWER OF ATTORNEY - Rev. 3-91

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Return: Joseph P. Allen, 27155 Wedgewood Dr., Hemet, Ca. 92544

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 9th day  
of Oct. A.D., 19 92 at 2:42 o'clock P. M., and duly recorded in Vol. M92,  
of Power of Attorney on Page 23772.

Evelyn Biehn ~ County Clerk

By Pauline Mulendore

FEE \$10.00