

COVER SHEET

NOTICE: This power of attorney document is for financial purposes only. It is known as a “Durable Power of Attorney” in accordance with the Uniform Power of Attorney Act (UPOAA) which has been enacted in the following States:

- Alabama
- Arkansas
- Colorado
- Connecticut
- Georgia
- Hawaii
- Idaho
- Iowa
- Maine
- Maryland
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Mexico
- North Carolina
- Ohio
- Pennsylvania
- South Carolina
- Texas
- Utah
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

All other States have their own statutory document and should be used.

STATUTORY FORM POWER OF ATTORNEY

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act.

This power of attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one (1) agent. If you wish to name more than one (1) agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second (2nd) successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, **Ted Robinson** (Name of Principal), name the following person as my agent:

Agent's Name: **Andrew Livingston**

Agent's Address: **2327 Main St, Santa Monica, CA 90405**

Agent's Telephone Number: **(310) 333-3333**

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

Successor Agent's Name: **Allison King**

Successor Agent's Address: **3497 16th St, San Francisco, CA 94114**

Successor Agent's Telephone Number: **(415) 333-3333**

If my successor agent is unable or unwilling to act for me, I name as my second (2nd) successor agent:

2nd Successor Agent's Name:

2nd Successor Agent's Address:

2nd Successor Agent's Telephone Number:

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act.:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

(**TR**) Real Property

(____) Tangible Personal Property

(____) Stocks and Bonds

(____) Commodities and Options

(____) Banks and Other Financial Institutions

(____) Operation of Entity or Business

(____) Insurance and Annuities

(**TR**) Estates, Trusts, and Other Beneficial Interests

(____) Claims and Litigation

(____) Personal and Family Maintenance

(____) Benefits from Governmental Programs or Civil or Military Service

(**TR**) Retirement Plans

(**TR**) Taxes

(____) All Preceding Subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALIED the specific authority below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

(____) Create, amend, revoke, or terminate an inter vivos trust

(_____) Make a gift, subject to the limitations of the Uniform Power of Attorney Act § 217 and any special instructions in this power of attorney

(_____) Create or change rights of survivorship

(_____) Create or change a beneficiary designation

(_____) Authorize another person to exercise the authority granted under this power of attorney

(_____) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

(_____) Exercise fiduciary powers that the principal has authority to delegate

(_____) Access the content of electronic communications

(_____) Disclaim or reuse an interest in property, including a power of appointment

LIMITATIONS ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

Both agents must come to an agreement on a decision before a decision is carried out.

EFFECTIVE DATE

If it becomes necessary for a court to appoint a conservator or guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Nominee's Name for my **Estate**: Ken Smith

Nominee's Address: 208 E Canon Perdido St, Santa Barbara, CA 93101

Nominee's Telephone Number: (805) 333-3333

Nominee's Name for my **Person**: Ken Smith

Nominee's Address: 208 E Canon Perdido St, Santa Barbara, CA 93101

Nominee's Telephone Number: (805) 333-3333

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Principal's Signature: Ted Robinson Date: 06/20/20

Principal's Name Printed: Ted Robinson

Principal's Address: 231 E Victoria St, Santa Barbara, CA 93101

Principal's Telephone Number: (805) 805-3333

[State of California]

[County of Santa Barbara County]

This document was acknowledged before me on _____, 20____ by
_____ (Name of Principal).

Notary Signature: _____

Print Name: _____

My Commission Expires: _____

(Seal, if any)

IMPORTANT INFORMATION FOR AGENT

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- 1.) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- 2.) Act in good faith;
- 3.) Do nothing beyond the authority granted in this power of attorney; and
- 4.) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

"(Principal's Name) by (Your Signature) as Agent"

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- 1.) Act loyally for the principal's benefit;
- 2.) Avoid conflicts that would impair your ability to act in the principal's best interest;
- 3.) Act with care, competence, and diligence;

- 4.) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- 5.) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
- 6.) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- 1.) Death of the principal;
- 2.) The principal's revocation of the power of attorney or your authority;
- 3.) The occurrence of a termination event stated in the power of attorney;
- 4.) The purpose of the power of attorney is fully accomplished; or
- 5.) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Uniform Power of Attorney Act [insert citation]. If you violate the Uniform Power of Attorney Act [insert citation] or act outside the authority granted, you may be liable for any damages caused by your violation.

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

[State of **California**]

[County of **Los Angeles County**]

I, **Andrew Livingston** (Name of Agent), certify under penalty of perjury that **Ted Robinson** (Name of Principal) granted me the authority as an agent or successor agent in a power of attorney dated **June 20, 2020**.

I further certify to my knowledge:

- 1.) The Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;
- 2.) If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
- 3.) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and

4.) _____

(insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Agent's Signature: Andrew Livingston Date: **06/20/2020**

Agent's Name Printed: **Andrew Livingston**

Agent's Address: **2327 Main St, Santa Monica, CA 90405**

Agent's Telephone Number: **(310) 333-3333**

This document was acknowledged before me on _____, 20____, by
_____ (Name of Agent).

Notary Signature: _____

Print Name: _____

My Commission Expires: _____

(Seal, if any)