

# **GENERAL POWER OF ATTORNEY**

**THIS IS A MILITARY POWER OF ATTORNEY PREPARED PURSUANT TO TITLE 10 UNITED STATES CODE, SECTION 1044A, AND EXECUTED BY A PERSON AUTHORIZED TO RECEIVE LEGAL ASSISTANCE FROM THE MILITARY SERVICES. FEDERAL LAW EXEMPTS THIS POWER OF ATTORNEY FROM ANY REQUIREMENT OF FORM, SUBSTANCE, FORMALITY, OR RECORDING THAT IS PRESCRIBED FOR POWERS OF ATTORNEY BY THE LAWS OF A STATE, THE DISTRICT OF COLUMBIA, OR A TERRITORY, COMMONWEALTH, OR POSSESSION OF THE UNITED STATES. FEDERAL LAW SPECIFIES THAT THIS POWER OF ATTORNEY SHALL BE GIVEN THE SAME LEGAL EFFECT AS A POWER OF ATTORNEY PREPARED AND EXECUTED IN ACCORDANCE WITH THE LAWS OF THE JURISDICTION WHERE IT IS PRESENTED.**

KNOW ALL PERSONS BY THESE PRESENTS:

That I, \_\_\_\_\_, residing in the State of \_\_\_\_\_, do hereby appoint \_\_\_\_\_ my true and lawful attorney-in-fact to manage and conduct all my affairs and act in all matters in my name and on my behalf. Such acts shall include:

1. To lease, sell, use, establish title to, register, insure, transfer, mortgage, maintain, manage, pledge, exchange or otherwise dispose of or encumber any and all of my property, real, personal, or mixed, including motor vehicles of any kind, and to execute and deliver good and sufficient deeds or other instruments for the lease, conveyance, mortgage, maintenance, or transfer of the same.

2. To buy, receive, lease, accept or otherwise acquire in my name and for my account, property, real, personal or mixed upon such terms, considerations and conditions as my attorney-in-fact shall deem appropriate.

3. To transact all business of mine on my behalf including entering into contracts and the making of such investments as my attorney-in-fact shall deem sound.

4. To institute and prosecute, or to appear and defend, or to settle, any claims or litigation involving me or my interests. This shall include, but not be limited to, the authority to present a claim against the United States for damage to or loss of personal property.

5. To prepare, execute, and file all tax returns and to receive and negotiate all tax refund checks.

6. To execute all documents needed for travel of my family members and transportation or storage of my property, as authorized by law and military regulations; to sign for and clear government or other quarters in the best interests of my family members and in accordance with law and military regulations.

7. To demand, act to recover, and receive, all sums of money which are now or will become owing or belonging to me, and to institute accounts on my behalf and to deposit, draw upon, or expend such funds of mine as are necessary in furtherance of the powers granted herein. This shall include, but not be limited to, the authority to receive, endorse, cash, or deposit negotiable instruments made payable to me and drawn upon the Treasurer, or other fiscal officer or depository, of the United States.

8. Generally to do, execute, and perform any other act, deed, matter, or thing, that in the opinion of my attorney-in-fact ought to be done, executed, or performed, in conjunction with this power of attorney.

NOTWITHSTANDING any language to the contrary in this instrument, my attorney-in-fact is specifically NOT granted the following powers:

a. To cancel or change the beneficiary of any policy of life insurance owned by me.

b. To exercise any rights or powers with respect to any person, matter, transaction or property in my name or in my custody as a trustee, custodian, personal representative or other fiduciary capacity for someone else.

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***I HEREBY GIVE AND GRANT UNTO MY ATTORNEY-IN-FACT FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING MY ESTATE, PROPERTY, AND AFFAIRS AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT.***

***I HEREBY AUTHORIZE MY ATTORNEY-IN-FACT TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.***

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent. All acts done by my Attorney-in-Fact hereunder shall have the same effect and inure to the benefit of and bind myself and my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I shall be considered disabled or incapacitated for purposes of this Power of Attorney if a physician, based on that physician's examination, certifies in writing at a date subsequent to the date which this Power of Attorney is executed, that I am disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs. I authorize the physician who so certifies, to disclose my physical or mental condition to another person for purposes of this Power of Attorney. A third party who accepts this Power of Attorney, endorsed by proper physician certification of my disability or incapacity, is held harmless and fully protected from any action taken under this Power of Attorney.

***I HEREBY RATIFY ALL THAT MY ATTORNEY-IN-FACT SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.***

This Power of Attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on \_\_\_\_\_.

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be in a military status of "missing," "missing in action," or "prisoner of war," or if I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status or sixty (60) days after I have recovered from such disability unless sooner revoked or terminated by me.

**ALL BUSINESS TRANSACTED HEREUNDER FOR ME OR FOR MY ACCOUNT SHALL BE TRANSACTED IN MY NAME, AND ALL ENDORSEMENTS AND INSTRUMENTS EXECUTED BY MY ATTORNEY FOR THE PURPOSE OF CARRYING OUT THE FOREGOING POWERS SHALL CONTAIN MY NAME, FOLLOWED BY THAT OF MY ATTORNEY AND THE DESIGNATION "ATTORNEY-IN-FACT."**

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney at the Marine Corps Recruit Depot, San Diego, California on \_\_\_\_\_.

\_\_\_\_\_  
GRANTOR

# GENERAL POWER OF ATTORNEY

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## ACKNOWLEDGEMENT BY A MILITARY NOTARY PURSUANT TO TITLE 10 U. S. C. 1044a

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County of San Diego     )  
State of California     )

On this the \_\_\_\_\_ day of \_\_\_\_\_, 2003, before the undersigned officer, personally appeared the above named GRANTOR, satisfactorily proven to be (a) serving in or retired from the Armed Forces of the United States, or (b) a lawful dependent of a person serving in or retired from the Armed Forces of the United States, or (c) a person serving with, employed by, or accompanying the Armed Forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam, and the Virgin Islands, and to be the person whose name is subscribed to the within instrument and acknowledged that he or she executed the same. And the undersigned does further certify that he or she is at the date of this certificate an officer of the Armed Forces of the United States having the general powers of a notary public under the provisions of Section 936 or 1044a of Title 10 of the United States Code (Public Law 90-632 and 101-510).

AUTHORIZED TO ACT AS A NOTARY  
PUBLIC UNDER THE PROVISIONS OF  
SECTION 1044a OF TITLE 10 OF THE  
UNITED STATES CODE AND SECTION  
1183.5 OF THE CALIFORNIA CIVIL  
CODE. NO SEAL REQUIRED BY LAW.

\_\_\_\_\_  
Notary Public

Name of Officer and Position: \_\_\_\_\_, Legal Assistance  
Grade and Branch of Service: \_\_\_\_\_, USMC  
Command or Organization: MCRD San Diego

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## OR ACKNOWLEDGEMENT BY A NOTARY PUBLIC

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County of San Diego     )  
State of California     )

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_

Personally known to me - OR -  proved to me on the basis of satisfactory evidence to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledgement to me that he/she/they executed the same his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s), acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
NOTARY'S SIGNATURE