

Power of Attorney Copy Certification

State of California
County of _____

I _____, Notary Public, certify that on _____, I examined the original power of attorney & the copy of the power of attorney. I further certify that the copy is a true & correct copy of the original power of attorney.

Signature of Notary Public

Optional Information

Description of Power of Attorney document:

Document Date: _____ *Number of Pages:* _____

Other information: