

**CALIFORNIA COPY CERTIFICATION OF POWER OF ATTORNEY**  
**PROBATE CODE § 4307**

State of California }  
County of \_\_\_\_\_ } ss.

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I certify that the attached document is a true,  
*Day Month Year*  
complete and unaltered copy of a power of attorney  
presented to and examined by me on this date by

\_\_\_\_\_  
*Name of Person Presenting Document*

under Section 4307 of the California Probate Code.

Place Notary Seal and/or Stamp Above

\_\_\_\_\_  
*Signature of Notary Public*

**OPTIONAL**

*Completing this information can deter alteration of the document or  
fraudulent reattachment of this form to an unintended document.*

**Description of Original Power of Attorney**

Title of Original Power of Attorney: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_ If Recorded, Name of County: \_\_\_\_\_

Name of Individual Granting Power of Attorney: \_\_\_\_\_

Name of Individual Designated Attorney in Fact: \_\_\_\_\_

Name of Entity Represented by Attorney in Fact, if Any: \_\_\_\_\_

Address Where Original Power of Attorney Kept: \_\_\_\_\_

**Capacity Claimed by Custodian of Original Power of Attorney**

- Individual
- Corporate Officer – Title: \_\_\_\_\_
- University of School Officer – Title: \_\_\_\_\_
- Government Officer or Agent – Title: \_\_\_\_\_
- Business Proprietor or Manager for \_\_\_\_\_
- Attorney for \_\_\_\_\_
- Trustee for \_\_\_\_\_
- Other: \_\_\_\_\_

# California Copy Certification of Power of Attorney

California law allows Notaries to certify copies of powers of attorney under section 4307 of the California Probate Code.

If no other notarial wording is prescribed, this certificate may be used to certify such copies.

The NNA recommends that Notaries make, or supervise the making of, the copy. If the signer presents both the original document and a copy, no less than a line-by-line comparison is required for the Notary to certify the copy.

Unlike other notarial certificates which are typically stapled to the last page

of a notarized document, this certificate should be stapled to the front page of the copy as a cover sheet.

**IMPORTANT NOTE:** With the exception of copies of journal entries certified at the request of the Secretary of State, California Notaries do not have statutory authority to certify copies of any other type of document.

The optional section at the bottom can deter alteration of the document of fraudulent reattachment of this form to an unintended document. The insections of this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

## Instructions:

**1 NAME OF COUNTY** where Notary performs notarization.

**2 DATE OF NOTARIZATION.** Actual day, month and year in which original power of attorney is presented to Notary for copy certification.

**3 NAME OF INDIVIDUAL** who presented power of attorney to Notary. Line through any remaining space.

**4 SIGNATURE OF NOTARY** exactly as name appears on commissioning papers and in seal.

**5 NOTARY SEAL IMPRINT,** clearly and legibly affixed. Be sure to affix your seal so it does not protrude into certificate margin.

**SPACES 6–15 ARE OPTIONAL.** Omission of information here will not affect the document's validity. However, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**6 TITLE OF ORIGINAL POWER OF ATTORNEY** such as "Durable Power of Attorney."

**7 DATE OF ORIGINAL DOCUMENT.** The power of attorney's date of signing, effect, or issuance may be noted here.

**8 NUMBER OF PAGES IN THE ORIGINAL DOCUMENT.** This may point out fraudulent addition or removal of pages. Do not count the certificate as a page. However, the certificate will be regarded as a page by recording officials in assessing recording fees.

**9 COUNTY WHERE RECORDED.** Since powers of attorney related to transfer of real estate may be recorded, indicate the name of the county where the document is or will be recorded — if applicable.

**10 NAME OF PERSON GRANTING POWER OF ATTORNEY.** The name of the person who granted power of attorney, either as an individual or as a representative of a corporation, partnership or other entity as indicated in the power of attorney document.

**11 NAME OF PERSON DESIGNATED ATTORNEY IN FACT.** This is the person named in the document as recipient of the power of attorney, either as an individual or as a representative of a corporation, partnership or other legal entity.

**12 NAME OF ENTITY REPRESENTED BY ATTORNEY IN FACT.** If applicable, the name of the corporation, partnership, estate, trust or other legal entity represented by the attorney in fact as indicated in the power of attorney.

**13 WHERE ORIGINAL POWER OF ATTORNEY IS KEPT.** The name and address of the person, firm or agency retaining custody of the original power of attorney.

**14 CAPACITY CLAIMED BY PRESENTER** named in space 3. Check appropriate box to indicate whether presenter is acting as an individual on his or her own behalf; or as a corporate, university or school officer, governmental officer or agent, business proprietor or manager, attorney, trustee, or in another capacity.

**15 DESCRIPTION OF OTHER CAPACITY.** A description of the custodian's capacity or title, if not accurately described in space 14.

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PROBATE CODE § 4307


State of California }  
County of LOS ANGELES 1 } ss.

2 On this the 19 day of January, 20XX. I certify that the attached document is a true, complete and unaltered copy of a power of attorney presented to and examined by me on this date by

Michael T. Smith 3  
Name of Person Presenting Document

under Section 4307 of the California Probate Code.

Pat R. Jones 4  
Signature of Notary Public

5  Place Notary Seal and/or Stamp Above

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

7 Description of Original Power of Attorney: Durable Power of Attorney 6

Document Date: 1/19/20XX Number of Pages: 8 8 If Recorded, Name of County: LOS ANGELES 9

Name of Individual Granting Power of Attorney: Mary J. Smith 10

Name of Individual Designated Attorney in Fact: Michael T. Smith 11

Name of Entity Represented by Attorney in Fact, if Any: NONE 12

Address Where Original Power of Attorney Kept: 123 Main St, Los Angeles, CA 90135 13

14 Capacity Claimed by Custodian of Original Power of Attorney

Individual

Corporate Officer – Title: \_\_\_\_\_

University or School Officer – Title: \_\_\_\_\_

Government Officer or Agent – Title: \_\_\_\_\_

Business Proprietor or Manager for \_\_\_\_\_

Attorney for \_\_\_\_\_

Trustee for \_\_\_\_\_

Other: \_\_\_\_\_

15 \_\_\_\_\_

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NOTARY  
ASSOCIATION**