SPECIMEN SIGNATURE OF ATTORNEY-IN-FACT

The attorney-in-fact acknowledges that the signature below is his/her/their signature.

_____ _____

[Attorney-in-Fact] *[Date]*

STATE OF CALIFORNIA)
) ss.
County of _____)

_____ *[Insert name of Attorney-in-Fact]*

personally appeared before me who, being duly sworn, did say and acknowledge that the following signature is his/her/their signature.

SUBSCRIBED AND SWORN to before me this _____ day of _____,_____.

_____
NOTARY PUBLIC CALIFORNIA

My commission expires: _____

DISCLAIMER: The State Bar as a regulatory entity does not provide legal advice to licensees. The information provided in this document should not be used as a substitute for obtaining legal advice. You should always consult a suitably qualified attorney regarding any specific legal problem or matter.

ACKNOWLEDGEMENT AND REPRINT PERMISSION: Portions of this handbook [and/or materials] were adapted with permission from the Oregon State Bar Professional Liability Fund handbook, Planning for the Unexpected, Copyright 2023. All rights are reserved except that licensed legal professionals in California may use this material for their own law practice or to assist another licensed legal professional closing their office. It may be reproduced for classroom instruction or by non-profit organizations for informational, non-commercial purposes only. Acknowledgement of original publication by the Oregon State Bar Professional Liability Fund is required for any reproduction. Contact the Professional Liability Fund for other use cases.