

Specific Durable Power of Attorney Effective Upon Execution

I, _____, a
resident of: _____

Social Security Number _____ Designate **Sierra Fiduciary Services, LLC**, as
my attorney in fact (referred to as "the Agent") on the following terms and conditions:

- 1) **Authority to Act.** The Agent is authorized to act for me under this Power of Attorney and shall exercise all powers in my best interests and for my welfare. The primary goal of this Power of Attorney is to allow Sierra Fiduciary Services, LLC to assist in paying my bills on my behalf.
- 2) **Powers of Agent.** The Agent shall have the full power and authority to manage and conduct specific financial affairs, and to exercise my legal rights and powers, including those rights and powers that I may acquire in the future, including the following:
 - i) **Utility Companies.** To conduct all business necessary to obtain information relating to my bills and to change the billing address or terminate utility services.
 - ii) **Loans.** To conduct all business necessary to obtain information relating to an existing loan and change the billing address for loans. "Loans" include but are not limited to automotive loans, mortgages, promissory notes, payday loans, student loans and personal loans.
 - iii) **Creditors.** To conduct all business necessary to obtain information relating to existing debt and change the billing address.
 - iv) **Credit Cards.** To conduct all business necessary to obtain information from credit companies and to change the billing address.
 - v) **Insurance.** To conduct all business necessary to obtain information from insurance companies and to change the billing address.
 - vi) **Online Services.** To conduct all business necessary to establish online accounts for utilities, loans, creditors, credit cards and insurance companies.
 - vii) **Restrictions on Agent's Powers.** Regardless of the above statements, my agent (1) cannot execute a will, a codicil, or any will substitute on my behalf; (2) cannot change the beneficiary on any life insurance policy that I own; (3) cannot make gifts on my behalf; and (4) may not exercise any powers that would cause assets of mine to be considered taxable to my agent or to my agent's estate for purposes of any income, estate, or inheritance tax, and (5) cannot contravene any medical power of attorney I have executed whether prior or subsequent to the execution of this Power of Attorney. (6) cannot establish utility services, loans, credit or insurance on my behalf.

- 3) **Durability.** This Power of Attorney shall continue in effect until my death or until revoked by me in writing.
- 4) **Reliance by Third Parties.** Third parties may rely upon the representations of the Agent as to all matters regarding powers granted to the Agent. No person who acts in reliance on the representations of the Agent or the authority granted under this Power of Attorney shall incur any liability to me or to my estate for permitting the Agent to exercise any power prior to actual knowledge that the Power of Attorney has been revoked or terminated by operation of law or otherwise.
- 5) **Indemnification of Agent.** No agent named or substituted in this power shall incur any liability to me for acting or refraining from acting under this power, except for such agent's own misconduct or negligence.
- 6) **Original Counterparts.** Photocopies of this signed Power of Attorney shall be treated as original counterparts.
- 7) **Revocation.** I hereby revoke any previous Power of Attorney that I may have given to deal with my property and affairs as set forth herein.

Date _____ Sign Name _____ Print Name _____

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)