

Special Power of Attorney Form California

Principal Information:

- Name of Principal: _____
- Address of Principal: _____
- Contact Number of Principal: _____

Attorney Information:

- Name of Attorney: _____
- Address of Attorney: _____
- Contact Number of Attorney: _____

Powers Granted:

- Specific Powers: _____
- Limitations: _____

Duration:

- Effective Date: _____
- Expiry Date: _____

Conditions:

- Revocation Terms: _____
- Governing Laws: _____