

# POWER OF ATTORNEY

State of California

## Durable Power of Attorney for Healthcare and Final Disposition

I, Elizabeth Martinez, of sound mind and legal age, residing at 2468 Sunset Boulevard, Los Angeles, California 90028, do hereby revoke all prior powers of attorney and appoint my beloved husband, Carlos Martinez, residing at the same address, as my true and lawful attorney-in-fact and agent.

Primary Agent: Carlos Martinez, 2468 Sunset Boulevard, Los Angeles, CA 90028  
Alternate Agent: Maria Rodriguez, 1357 Vine Street, Hollywood, CA 90028

## CREMATION AUTHORITY:

I specifically and expressly grant to my agent the full power and authority to make all decisions regarding the disposition of my mortal remains, including but not limited to: (a) authorization for cremation or other lawful disposition; (b) selection of funeral home, crematory, or other service providers; (c) determination of memorial services, ceremonies, or celebrations of life; (d) disposition of cremated remains including burial, scattering, or retention; (e) selection of urns, containers, or other vessels; and (f) all other decisions related to my final arrangements as my agent deems appropriate and in accordance with my wishes as may have been expressed to my agent.

## DURABILITY:

This Power of Attorney shall not be affected by my subsequent disability or incapacity and shall remain in full force and effect until my death, unless I revoke it in writing while I am of sound mind.

Principal Signature: \_\_\_\_\_ Date: 2025-01-15

## NOTARY ACKNOWLEDGMENT

Notary: Patricia Williams  
Commission #: 456789  
County: Los Angeles  
Commission Expires: 2025-11-30  
Date Notarized: 2025-01-15

Notary Signature: \_\_\_\_\_

**WITNESS SIGNATURES**

Witness 1: Dr. James Rodriguez

Address: 3690 Medical Center Drive, Los Angeles, CA 90028

Date: 2025-01-15

Signature: \_\_\_\_\_

Witness 2: Attorney Sarah Kim

Address: 1000 Wilshire Blvd, Suite 500, Los Angeles, CA 90017

Date: 2025-01-15

Signature: \_\_\_\_\_

*Test Document V4: Valid POA with complex verbiage  
Generated for Say Goodbye POA App Testing - VALID Document*