

# POWER OF ATTORNEY

State of California

## Durable Power of Attorney

I, Barbara Martinez, appoint my son, Carlos Martinez, as my agent for general purposes.

Agent: Carlos Martinez, 987 General Powers Blvd, Bakersfield, CA 93301

## CREMATION AUTHORITY:

Carlos may handle my general affairs and make healthcare decisions.

## DURABILITY:

This POA remains effective during incapacity.

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

## NOTARY ACKNOWLEDGMENT

Notary: David Rodriguez

Commission #: 444444

County: Kern

Commission Expires: 2026-11-30

Date Notarized: 2025-01-15

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

## WITNESS SIGNATURES

Witness 1: Elena Garcia

Address: Bakersfield, CA

Date: 2025-01-15

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

Witness 2: Antonio Lopez

Address: Bakersfield, CA

Date: 2025-01-15

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

*Test Document I6: Missing cremation verbiage  
Generated for Say Goodbye POA App Testing - INVALID Document*