

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
IN THE MATTER OF <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> ESTATE <input type="checkbox"/> OTHER: _____	JUDGE _____
POWER OF ATTORNEY COVERSHEET <input type="checkbox"/> CONFIDENTIAL <i>(Pursuant to SDSC Local Rule 4.3.3.N)</i>	CASE NUMBER _____

Subject (name): _____

Agent/Attorney-in-Fact: _____

Date Executed: _____