

## POWER OF ATTORNEY

**WARNING TO PERSON EXECUTING THIS DOCUMENT:** The powers granted by this document are broad and sweeping, if you have any questions about these powers, obtain competent legal advice. You have the right to terminate this power of attorney. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

These powers of attorney shall continue even if you later become disabled or incapacitated with the exception of Formal Trusts.

I, MARY JEAN PARVIN, residing at  
2 N AVENA AVE LODI, CA. 95240 hereby appoint

Attorney In Fact ("Agent") Agent Name TIFFANY KAY ANDERSON

Agent Signature

*Tiffany Kay Anderson*

as my Attorney-in- Fact ("Agent") whose address is 2 N AVENA AVE. LODI, CA. 95240

**SIGN  
HERE**

Check each applicable box

☒ Sign and endorse checks, drafts and withdrawals; make deposits to or order withdrawals from the designated accounts as identified below

Account Name

Account Number

MARY JEAN PARVIN

3230016838

3230016770

☐ Obtain unrestricted and unsupervised access pursuant to the Safe Deposit Agreement to each of the Safe Deposit Box (es) that is identified below:

Safe Deposit Box Number \_\_\_\_\_

Safe Deposit Box Number \_\_\_\_\_

Where power of attorney applies to joint accounts or to safe deposit boxes with more than one renter or signer, all customers must sign.

MARY JEAN PARVIN

Customer Name

*Mary Jean Parvin*  
Customer Signature

9/11/13  
Date

Customer Name

Customer Signature

Date

Customer Name

Customer Signature

Date

Bank Representative: I have identified all parties and witnessed them signing above.

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

This authorization is hereby revoked:

**Customer's Revocation**

Customer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_