



Physician's Determination of Incapacity

I, _____, of the City of _____,
County of _____, State of California, declare under penalty of perjury that:

1. I am a physician licensed to practice in the state of California.
2. I examined _____ on _____,
_____. It is my professional opinion that _____
is currently incapacitated and unable to manage his/her finances and property.

Dated: _____

Signature of Physician

_____, Physician



7143066176
714-908-8200



tw@onpointerealestate.com
www.onpointerealestate.com



530 W. Foothill Parkway
Corona, CA 92882



Certificate of Acknowledgment of Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
)
County of _____) SS

On _____, 20__, before me, _____

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)
is/are subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that
the foregoing is true and correct.

WITNESS my hand and official seal.

Notary Public for the State of California

[NOTARY SEAL]

My commission expires: _____