legal under the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

- All authority that I have as the minor’s parent/guardian

A. \_\_\_\_

☐

*(Initial and Check)*

☐

I/We delegate to the Attorney-in-Fact the powers of:

III.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Hereinafter referred to as the ‘Attorney-in-Fact’)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of

the Minor who is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (relation) with a street address of

IV.

Page 1 of 3

\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ and end on:

This power of attorney document shall commence on the \_\_\_\_ day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Only the authority to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. \_\_\_\_

☐

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

a street address of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Court Appointed Guardian with

Parent or

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the

(

☐

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ (Hereinafter known as the ‘Minor’)

For the Minor named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born on the \_\_\_\_ day of

I.

Court Appointed Guardian

I/We hereby appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the Attorney-in-Fact for

II.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

with a street address of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, City of

**Minor (Child) Power of Attorney Form**

Parent or

And I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the

☐

☐

*if co-guardian/parent exists*

)

the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed

**Acceptance by Attorney-in-Fact**

The undersigned Attorney-in-Fact acknowledges and executes this Power of Attorney,

and by such execution does hereby affirm that I: (A) accept the appointment; (B)

understand the duties under the Power of Attorney and under the law.

**Attorney-in-Fact’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affirmation by Witness 1**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, witnessed the execution

of this Power of Attorney by

Guardian(s) appeared to me to be of sound mind, was not under duress, and the

Parent/Court Appointed Guardian(s) affirmed to me that he/she was aware of the nature

of this Power of Attorney and signed it freely and voluntarily.

Witness 1 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 2 of 3

creating a new minor power of attorney form.

☐

A. \_\_\_\_

- The \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

☐

B. \_\_\_\_

- In the event of my disability.

☐

C. \_\_\_\_

- In the event of my death.

This document can be terminated at anytime by completing a revocation or by

*(Initial and Check)*

V.

This power of attorney shall be governed under the laws in the State of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and this terminates any prior written form.

**Parent/Court Appointed Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Court Appointed Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the Parent(s)/Court Appointed

Guardian(s) who proved to me through government issued photo identification to be the

above-named person(s), in my presence executed foregoing instrument and

acknowledged that (s)he executed the same as his/her free act and deed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 3 of 3

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, witnessed the execution

of this Power of Attorney by

the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed

Guardian(s) appeared to me to be of sound mind, was not under duress, and the

Parent/Court Appointed Guardian(s) affirmed to me that he/she was aware of the nature

of this Power of Attorney and signed it freely and voluntarily.

Witness 2 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affirmation by Witness 2**

**Notary Acknowledgment**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ss.

On this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, before me appeared