MINOR (CHILD) POWER OF ATTORNEY FORM

I. For the Minor named _____ born on the _____ day of _____ 20_____ (Hereinafter known as the 'Minor')

I, _____ the ☐ Parent or ☐ Court Appointed Guardian with a street address of _____ City of _____ State of _____.

(*if co-guardian/parent exists*)

And I, _____ the ☐ Parent or ☐ Court Appointed Guardian with a street address of _____ City of _____ State of _____.

II. I/We hereby appoint _____ as the Attorney-in-Fact for the Minor who is the _____ (relation) with a street address of _____ City of _____ State of _____. (Hereinafter referred to as the 'Attorney-in-Fact')

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

(Initial and Check)

☐ _____ - All authority that I have as the minor's parent/guardian legal under the State of _____.

B. _____ ☐ ☐ - Only the authority to _____

IV. This power of attorney document shall commence on the _____ day of _____ 20_____ and end on:

(Initial and Check)

☐ _____ - The _____ day of

A. _____ 20_____

☐ _____ - In the event of my disability.

☐ _____ - In the event of my death.

This document can be terminated at anytime by completing a revocation or by creating a new minor power of attorney form.

VI. 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 _____

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 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 1 Signature _____

Print Name _____ Date _____

Affirmation by Witness 2

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 _____

Print Name _____ Date _____

Notary Acknowledgment

State of _____

_____ County, ss.

On this _____ day of _____ 20_____ before me appeared

_____ 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.

_____

Notary Public

Print Name: _____

My Commission Expires: _____