

**POWER OF ATTORNEY FOR CARE, CUSTODY OR PROPERTY OF MINOR
CHILD**

Montana Code Annotated § 72-5-103 provides as follows:

Delegation of powers by parent or guardian.

(1) A parent or a guardian of a minor or incapacitated person, by a properly executed power of attorney, may delegate to another person, for a period not exceeding 6 months, any powers regarding care, custody, or property of the minor child or ward, except the power to consent to marriage or adoption of a minor ward.

(2) The 6-month limitation provided in subsection (1) does not apply to:

(a) a member of the Montana national guard who serves for more than 180 continuous days on duty pursuant to Title 10 or 32 of the United States Code or on state active duty pursuant to Article VI, section 13, of the Montana constitution;

(b) a member of the active duty military forces of the United States; or

(c) a member of the federal reserves who serves for more than 180 continuous days on duty pursuant to Title 10 of the United States Code.

(3) As used in this section, "federal reserves" means the United States air force reserve, army reserve, navy reserve, marine corps reserve, or coast guard reserve.

Pursuant to the above statute, I,

_____,

of

(your complete address)

appoint, _____,

who resides at

(complete address of the person whom you want to care for your child)

and whose phone number is _____
as my agent (attorney-in-fact) to act in any lawful way for me regarding the
care, custody or property of my minor child, _____, age
_____, with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT
OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING
POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE
GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU
MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL:

_____ (A) real property and housing transactions;

_____ (B) tangible personal property transactions;

_____ (C) stock and bond transactions;

_____ (D) commodity and option transactions;

_____ (E) banking and other financial institution
transactions;

_____ (F) health care consent for the child and other
health care transactions;

_____ (G) insurance and annuity transactions;

_____ (H) estate, trust and other beneficiary
transactions;

_____ (I) claims and litigation;

_____ (J) personal and family maintenance, including
decisions of where the child may reside;

_____ (K) benefits from social security, medicare, medicaid, or other governmental programs or from military service;

_____ (L) all transactions concerning the child=s school or education;

_____ (M) tax matters;

_____ (N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

My agent does not have the power to consent to the marriage or adoption of my child.

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES, YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED **OR** IT WILL EXPIRE AUTOMATICALLY AFTER SIX MONTHS IN MOST CASES. SEE THE FIRST PARAGRAPH ABOVE FOR MORE INFORMATION.

This power of attorney revokes all previous powers of attorney signed by me.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO REVOKE ALL PREVIOUS POWERS OF ATTORNEY SIGNED BY YOU. IF YOU DO WANT THIS POWER OF ATTORNEY TO REVOKE ALL PREVIOUS POWERS OF ATTORNEY SIGNED BY YOU, YOU SHOULD READ THOSE POWERS OF ATTORNEY AND SATISFY THEIR PROVISIONS CONCERNING REVOCATION. THIRD PARTIES WHO

RECEIVED COPIES OF THOSE POWERS OF ATTORNEY SHOULD BE NOTIFIED.

I agree that any third party who receives a copy of this document may act under it. I may revoke this power of attorney by a written document that expressly indicates my intent to revoke. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because

of reliance on this power of attorney.

Signed this _____ day of _____, 200____.

Your Signature

Printed name: _____

STATE OF MONTANA)

):ss

COUNTY OF _____)

This document was acknowledged before me on
_____, _____, by
_____, the principal named above.

Notary Public for the State of Montana

Residing at _____

(NOTARIAL SEAL) My commission
expires: _____

BY SIGNING, ACCEPTING OR ACTING UNDER THIS APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. THE AGENT WORKS EXCLUSIVELY FOR THE BENEFIT OF THE PRINCIPAL. THE FOREMOST DUTY AS THE AGENT IS THAT OF LOYALTY TO AND PROTECTION OF THE BEST INTERESTS OF THE PRINCIPAL. THE AGENT SHALL DIRECT ANY BENEFITS DERIVED FROM THE POWER OF ATTORNEY TO THE PRINCIPAL. THE AGENT HAS A DUTY TO AVOID CONFLICTS OF INTEREST AND TO USE ORDINARY SKILL AND PRUDENCE IN THE EXERCISE OF THESE DUTIES.

Signed this _____ day of _____, 20____.

Signature of Agent