

Power of Attorney over Protected Person or Minor Child

I swear that the following is true:

- (1) I am the parent court-appointed guardian of
_____ (name), who was born on
_____ (date).
- (2) I appoint the following person as my attorney-in-fact for the person named in Paragraph (1).

Name _____
Address _____
City, State, Zip _____
Phone _____
E-mail _____

(Check (3) OR (4), not both. If you check (4), describe the authority being delegated.)

- (3) I delegate to my attorney-in-fact all power and authority that I have as a parent or guardian, except the power to consent to marriage or adoption.
- (4) I delegate to my attorney-in-fact only the specific authority to:

- (5) This power of attorney lasts until _____ (date). (This date must be within the next 6 months.)
- (6) This power of attorney lasts even in the event of my disability.

Date _____ Sign here ► _____

Typed or printed name _____

Address _____

City, State, Zip _____

Phone _____

E-mail _____

I certify that _____, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Date: _____ Sign here ► _____

Typed or printed name _____

Notary Seal