**MINOR CHILD POWER OF ATTORNEY**

**1. The Minor.** This Minor Child Power of Attorney is for the purpose of The Minor, named NAME OF MINOR, born on the DATE OF BIRTH (MM/DD/YY). (Hereinafter known as ‘The Minor’).

I, NAME OF PARENT/GUARDIAN,

(please check)

the \_\_ Parent or \_\_ Court-Appointed Guardian, with the residential address of APPOINTEE’S STREET ADDRESS, APPOINTEE’S CITY, APPOINTEE’S STATE, APPOINTEE’S ZIP CODE.

**2. Attorney-in-Fact.** I/We hereby appoint NAME OF ATTORNEY, as the Attorney-in-Fact, who is the RELATION TO THE MINOR, with the residential address of ATTORNEY’S STREET ADDRESS, ATTORNEY’S CITY, ATTORNEY’S STATE, ATTORNEY’S ZIP CODE (Hereinafter cited to as the Attorney-in-Fact).

**3. Transfer of Powers.** I/We hereby entrust to the Attorney-in-Fact the powers of:

 LIST OF POWERS

These are the Powers that I possess as The Minor’s parent/Court-Appointed Guardian

 under the State of NAME OF STATE.

**4. Date of Effectivity.** This power of attorney form shall take effect on the COMMENCEMENT DATE (MM/DD/YY) and shall conclude on the following grounds either on

 (please check all that applies):

\_\_ On the Termination Date.

 \_\_ In the event of my incapacity.

 \_\_ In the event of my passing.

 Termination Date is on TERMINATION DATE.

This power of attorney form can be ceased by cancellation and by securing a new minor

power of attorney form.

**5. Compliance.** This power of attorney shall be compliant with the State laws of GOVERNING LAW STATE NAME and any prior written power of attorney forms shall be considered void.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Court-appointed Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCEPTANCE BY ATTORNEY-IN-FACT**

The undersigned Attorney-in-Fact hereby acknowledges and performs this Power of Attorney to the best of his ability and hereby declare that I (A) fully accept this appointment; (B) fully understand my duties and responsibilities under this Power of Attorney and under the local and state laws.

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

 Attorney-in-fact

**AFFIRMATION BY WITNESS**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, witnessed the implementation of this Power of Attorney by the Parent/Court-Appointed Guardian/s and I hereby certify that the Parent/Court-Appointed Guardian/s appeared to be of sound mind to me, and was not in any way, coerced, and the Parent/Court-Appointed Guardian/s declared that they fully understand their duties and responsibilities as stated in this Power of Attorney and signed it voluntarily.

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

 Witness

**ACKNOWLEDGEMENT**

 On \_\_\_\_\_\_\_\_\_\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally appeared to me, whose identity in this foregoing document was identical to the satisfactory evidence presented, and acknowledged that this document was signed for the same purpose.

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

 Notary Public

Commission Expiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_