

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: _____