

## 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 \_\_\_\_\_

On this date, I certify that \_\_\_\_\_ (name) who is known to me or who presented satisfactory identification, in the form of \_\_\_\_\_ (form of 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