Power of Attorney over Protected Person or Minor Child

Iswea	ar that	the followi	ing is true:				
(1)	I am the [] parent [] court-appointed guardian of						
	born	on			(date).	(name), who was	
(2)	I appoint the following person as my attorney-in-fact for the person named in Paragraph (1).						
	Name _ Address _						
	City, S	State, Zip					
	Phone						
	E-mai	il					
(Check	(3) OR	I delegat	e to my attorne	ey-in-fact all po		ated.) ity that I have as a arriage or adoption.	
(4)	[] I delegate to my attorney-in-fact only the specific authority to:						
(5)	This date m	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 ▶					
On this date, I certify that						
Date:	Sign here ▶					
	Notary Seal					