

MINOR (CHILD) POWER OF ATTORNEY FORM

1. For the Minor named Marion Dunkley born on the 5th day of March 2016. (Hereinafter known as the 'Minor')
I, Ernie Dunkley, the ☒ Parent or ☐ Court Appointed Guardian with a street address of 895 Frank Avenue, City of Boston, State of Massachusetts.

If a co-guardian/parent exists:

And I, Kevin Dunkley, the ☒ Parent or ☐ Court Appointed Guardian with a street address of 895 Frank Avenue, City of Boston, State of Massachusetts.

2. I/We hereby appoint Robert Dunkley as the Attorney-in-Fact for the Minor who is the Uncle, (relation) with a street address of 150 Smith Street, City of Boston, State of Massachusetts (Hereinafter referred to as the 'Attorney-in-Fact')

3. I/We delegate to the Attorney-in-Fact the powers of:
(Initial and Check just ONE)

A. MD ☒ - All authority that I have as the minor's parent/guardian legal under the State of Massachusetts.

B. ☐ - Only the authority to _____

_____.

4. This power of attorney document shall commence on the 3rd day of February, 2021 and end on:

(Initial and Check all that apply)

A. MD ☒ - The 1st day of July, 2021.

B. ☐ - In the event of my disability (incapacitation).

C. ☐ - In the event of my death.

This document can be terminated at any time by completing a revocation or by creating a new minor power of attorney form.

5. This power of attorney shall be governed under the laws in the State of Massachusetts and terminates any prior written form.

Parent/Court Appointed Guardian Signature Marion Dunkley

Print Name: Marion Dunkley Date: 01/25/2021

Parent/Court Appointed Guardian Signature Kevin Dunkley

Print Name: Kevin Dunkley Date: 01/25/2021

ACCEPTANCE BY ATTORNEY-IN-FACT

The undersigned Attorney-in-Fact acknowledges and executes this Power of Attorney, and by such execution does hereby affirm that I: (A) accept the appointment; (B) understand the duties under the Power of Attorney and under the law.

Attorney-in-Fact's Signature Robert Dunkley

Print Name: Robert Dunkley Date: 01/27/2021

AFFIRMATION BY WITNESS 1

I witnessed the execution of this Power of Attorney by the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed Guardian(s) appeared to me to be of sound mind, was not under duress, and the Parent/Court Appointed Guardian(s) affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness 1 Signature Lee McNeil

Print Name: Lee McNeil Date: 01/25/2021

Address: _____

Witness 2 Signature Eliza Strong

Print Name: Eliza Strong Date: 01/25/2021

Address: _____

NOTARY ACKNOWLEDGMENT

State of _____

_____ County, ss.

On this ____ d _____, 20____, before me appeared _____, as the Parent(s)/Court Appointed Guardian(s) who presented issued photo identification to be the above-named person(s), in my presence and acknowledged that (s)he executed the same as his/her free and voluntary act.

To be completed by a Notary Public ONLY.

Notary Public

Print Name: _____

My Commission Expires: _____

(Notary Seal)