

VERMONT MINOR (CHILD) POWER OF ATTORNEY FORM

1. For the Minor named _____, born on _____ (mm/dd/yyyy) (hereinafter known as the "Minor"), I, _____, the Parent or Court Appointed Guardian with a street address of _____,

If a co-guardian/parent exists:

And I, _____, the Parent or Court Appointed Guardian with a street address of _____,

2. Hereby appoint _____ as the Attorney-in-Fact for the Minor who is their _____ (relation) with a street address of _____, (hereinafter referred to as the "Attorney-in-Fact").

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

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

B. ___ - Only the authority to (describe authority below):

4. This power of attorney document shall commence on _____ (mm/dd/yyyy) and end on:

(Initial and Check all that apply)

A. ___ - _____ (mm/dd/yyyy).

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 Vermont and terminates any prior written form.

Parent/Court Appointed Guardian Signature: _____

Print Name: _____ Date: _____

Parent/Court Appointed Guardian Signature: _____

Print Name: _____ Date: _____

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: _____

Print Name: _____ Date: _____

AFFIRMATION BY WITNESS(ES)

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: _____

Print Name: _____ Date: _____

Address: _____

Witness 2 Signature: _____

Print Name: _____ Date: _____

Address: _____

NOTARY ACKNOWLEDGMENT

State of _____

_____ County, ss.

On _____ (mm/dd/yyyy), before me appeared

_____ (Parent/Guardian Name), as the
Parent(s)/Court Appointed Guardian(s) who proved to me through government issued photo
identification to be the above-named person(s), who in my presence executed the foregoing
instrument and acknowledged that (s)he executed the same as his/her free act and deed.

Notary Public

Print Name: _____

My Commission Expires: _____

(Notary Seal)