

ALABAMA MINOR (CHILD) POWER OF ATTORNEY

1. The Minor. The purpose of this Minor Power of Attorney is for _____
[Minor's Full Name] born on _____, 20____ (Hereinafter known as the
'Minor').

2. The Parent(s)/Guardian(s). I/We, _____ [Name(s) of Parent(s) /
Guardian(s)], the Parent or Court-Appointed Guardian with a street address of
_____ [Street Address], _____ [City],
_____ [State].

3. Attorney-in-Fact. I/We hereby appoint _____ [Name of Attorney-in-
Fact], who is the _____ [Relation to Minor] of the Minor, with a street
address of _____ [Street Address], _____ [City],
_____ [State] (Hereinafter referred to as the 'Attorney-in-Fact') as the
Attorney-in-Fact for the Minor.

4. Powers. I/We delegate to the Attorney-in-Fact the powers of: *(Initial the appropriate field(s))*

_____ - All legal authority that I/we have as the minor's parent/guardian(s) in the State
of governing law.

_____ - ONLY the authority to _____

5. Effective Date. This power of attorney document shall be effective beginning on
_____, 20____ and shall terminate on: *(Initial the appropriate field(s))*

_____ - On the date of _____, 20____. Per § 26-2A-7 of the
Alabama Code this designation may not be more than one (1) year.

_____ - In the event of my/our disability.

_____ - In the event of my/our death(s).

Regardless of the above-mentioned termination, this Minor Power of Attorney may be terminated by the Parent/Court-Appointed Guardian executing a revocation or by creating a new Minor Power of Attorney.

6. Governing Law. This Minor Power of Attorney Form shall be governed under the laws in the State of Alabama and, once effective, terminates any prior Minor Power of Attorney.

Parent / Guardian's Signature _____

Print Name _____ Date _____

Parent / Guardian's Signature _____

Print Name _____ Date _____

Acknowledgment by Attorney-in-Fact

I, the undersigned Attorney-in-Fact, acknowledge and execute this Minor Power of Attorney Form, and hereby affirm that I accept the appointment and understand the accompanying responsibilities under the Power of Attorney and under the law.

Attorney-in-Fact's Signature _____

Print Name _____ Date _____

NOTARY ACKNOWLEDGMENT

State of _____

_____ County, ss.

On this day, the ___ of _____, 20____, before me appeared
_____ and _____, the Parent(s)/Court-
Appointed Guardian(s) of _____ [Name of Minor] who proved to me
through government-issued photo identification to be the above-named person(s), in my
presence executed foregoing instrument and acknowledged that they executed the same as
their free act and deed.

Notary Public's Signature

Print Name: _____

My Commission Expires: _____