

**STATE OF MICHIGAN
COUNTY OF GRAND TRAVERSE**

POWER OF ATTORNEY DELEGATING PARENT'S POWERS

I, _____, being first duly sworn, depose and say that: I/We are _____ years old and reside at _____ in the City of _____, Michigan.

I/We have the care and custody of said minor and said minor has no Court-appointed Guardian or Conservator.

I/We further state that pursuant to section 700.5103 of the Estates and Protected Individuals Code, I do hereby delegate to _____, Whom I designate my attorney in fact for this purpose, all my powers as a parent Regarding the care, custody and property of my said minor child, _____, which are allowed to be delegated under said section 700.5103, including the power to consent to admission to hospital, consent to surgical operation, consent to medical and dental treatment and consent to receive delivery or payment of money and property due said minor child. In accordance with said section 700.5103, this delegation does not include the power to consent to marriage or adoption.

This delegation is made for a period of six months commencing on _____, _____, 20____.

This Power of Attorney shall not be affected by disability of the principal and shall remain in effect, to the extent permitted by the Estates and Protected Individuals Code, notwithstanding later disability or incapacity of the principal at law or later uncertainty as to whether the principal is alive or dead.

Dated this _____ day of _____, 20____.

Signed in the presence of:

Witness: _____
PRINT NAME: _____

Witness: _____
PRINT NAME: _____

Parent/Parents signature
PRINT NAME _____
PRINT NAME _____

STATE OF MICHIGAN
COUNTY OF GRAND TRAVERSE

The foregoing Power of Attorney was acknowledged before me this _____ day of _____, 20____, by:

_____, Notary Public
Grand Traverse County, Michigan
My commission expires: ____/____/____