POWER OF ATTORNEY FOR CARE OF CHILDREN

SAMPLE FORM

I hereby authorize my attorney-in-fact to indemnify and hold harmless any third party who accepts and acts under or in accordance with this power of attorney.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

This Power of Attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated by me, this Power of Attorney shall become null and void on _____ (*expiration date*).

IN WITNESS WHEREOF, I sign this Power of Attorney at Camp Pendleton, California on _____ (*today's date*).

SAMPLE FORM

_____
Signature of Grantor

ACKNOWLEGEMENT

With the United States Armed Forces

On this the _____ day of _____, 20_____, before the undersigned officer, personally appeared _____, satisfactorily proven to be (a) serving in or retired from the Armed Forces of the United States, or (b) a lawful dependent of a person serving in or retired from the Armed Forces of the United States, or (c) a person serving with, employed by, or accompanying the Armed Forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam, and the Virgin Islands, and to be the person whose name is subscribed to the within instrument and acknowledged that he or she executed the same. And the undersigned does further certify that he or she is at the date of this certificate an officer of the Armed Forces of the United States having the general powers of a notary public under the provisions of Section 936 or 1044a of Title 10 of the United States Code (Public Law 90-632 and 101-510).

AUTHORIZED TO ACT AS A NOTARY PUBLIC UNDER THE PROVISIONS OF SECTION 1044a OF TITLE 10 OF THE UNITED STATES CODE AND SECTION 1183.5 OF THE CALIFORNIA CIVIL CODE. NO SEAL REQUIRED BY LAW.

_____
Signature of Notary

Name of Officer and Position:
Grade and Branch of Service:
Command or Organization:

SAMPLE FORM