State of Nevada

NEVADA MINOR CHILD POWER OF ATTORNEY

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your child(ren) for you (the principal). Your agent will be able to make decisions and act with respect to your child(ren).

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, _____ [Principal name], am the ☐ parent ☐ guardian of _____ [Minor child(ren) name(s)]. I reside at _____ [Address]. I appoint _____, (☐ who is the _____ [Relationship to the minor child] of my child), of _____ [Address], as my agent (attorney-in-fact) for the minor child(ren) listed below:

- _____ [Minor child name], _____, 20___ [Date of Birth]
- ☐ _____ [Minor child name], _____, 20___ [Date of Birth]
- ☐ _____ [Minor child name], _____, 20___ [Date of Birth]

(☐ If my agent is unable or unwilling to act for me, I name _____ of _____ [Address] as my successor agent.)

GRANT OF AUTHORITY