

POWER OF ATTORNEY

STATE OF _____)
) SS.:
 _____ COUNTY)

KNOW YE ALL MEN BY THESE PRESENTS,

That I, _____, (D.O.B. __/__/__; S.S. _____) born in _____, now residing at _____ do hereby constitute and appoint _____, (D.O.B. __/__/__; S.S. _____), born in _____, but now residing at _____, as my true and lawful **Attorney-in-fact**, for me and in my name, place and stead to act as follows; giving and granting to my said Attorney-in-fact full power:

To demand, collect, recover, and receive any and all monies, sums, profits, dividends, interests. claims and debts whatsoever now due or to become due to me.

To receive, endorse and collect checks payable to my order and to deposit same in _____

To withdraw all monies in the _____ bank and close said account.

To make, execute, transfer and deliver any lease, mortgage, legal interest, or deed pertaining to real estate.

TO HAVE SOLE LEGAL CUSTODY, PRIMARY PHYSICAL PLACEMENT AND BE THE PRIMARY CARETAKER OF :

Child's Name: _____ Social Security Number: _____ Date of Birth: _____
_____-_____-_____-_____-_____-_____-
_____-_____-_____-_____-_____-_____-

TO AUTHORIZE AND EXECUTE CONSENT FOR ANY AND ALL EDUCATIONAL, SCHOOLING, INSURANCE, SOCIAL SECURITY / PERSONAL INJURY PAYMENTS, MEDICAL, HOSPITAL CARE AND TREATMENT, INCLUDING MAJOR SURGERY DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN SELECTED BY MY ATTORNEY-IN-FACT FOR THE CHILD(REN)'S PHYSICAL, MENTAL, INTELLECTUAL, HEALTH AND WELL BEING.

FURTHER, I hereby authorize my aforesaid Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with same validity and right as I could effect if personally present, including, but not limited to, travel abroad with said child(ren) and manage the financial care of said child(ren). Any act or thing lawfully done hereunder by my said Attorney-in-fact shall be binding upon me and my heirs, administrators, executors, successors, and assigns.

FURTHER, I agree that any third party who receives a copy of this document may act under it, and I agree to reimburse the third party for any loss resulting from claims that arise against the third party because of reliance on this power of attorney.

FURTHER, unless sooner revoked by me, this Power of Attorney shall become NULL and VOID from and after _____ the date child(ren) turns 19.

Dated in the city of _____, the state of _____ this _____ day of _____, 20_____.

X _____
(signed)

This document was acknowledged before me this _____ day of _____, 20_____

X _____

Notary Public, _____ County, State of _____, My commission is permanent expires on _____.

Form is free compliments of Attorney Romero's: www.WisconsinForms.com. Competent legal counsel is ALWAYS advised.

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