

POWER OF ATTORNEY

KNOW ALL PERSONS that I, _____, of _____, Maine, appoint _____, of _____, Maine, to be my lawful attorney-in-fact regarding my minor child[ren]:

_____ born on _____
_____ born on _____
_____ born on _____

I hereby grant to my attorney-in-fact, _____, all of my powers regarding the care and custody of the above-named children, except my power to consent to marriage or adoption of my minor child[ren] and my power to sell, transfer, convey or otherwise manage any real or personal property belonging to my minor child[ren].

I hereby intend that my attorney-in-fact have the same full authority as I have to consent to, or withhold consent to, any medical or other professional care, counsel, treatment or service to said minor child[ren] by a licensed or certified professional person or institution engaged in the practice of, or providing, a healing art.

The rights, power and authority herein granted shall remain in full force and effect until _____ (up to 12 months) or until terminated by a written Revocation of Power of Attorney signed by me, whichever happens first. This Power of Attorney shall not be affected by my disability or incapacity. The authority herein granted to my attorney-in-fact, _____, is exercisable by him or her, notwithstanding my later disability or incapacity or later uncertainty as to whether I am dead or alive.

IN WITNESS WHEREOF I have hereunto set my signature this ____ day of _____, 20__.

(Signature)

STATE OF MAINE
_____, ss.

Personally appeared the above named _____ and acknowledged the foregoing instrument to be her free act and deed.

Before me,

Notary Public/Attorney at Law