

SPECIAL POWER OF ATTORNEY

PREAMBLE: This is a **MILITARY POWER OF ATTORNEY** prepared pursuant to Title 10, United States Code, §1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS:

I, _____ of _____ (city/state), do make, constitute and appoint _____, of _____ (city/state), my true and lawful attorney to do and execute for me and in my name, place and stead, and for my use and benefit, to do and execute (or to act with persons jointly interested with myself therein in the doing or execution of) any or all of the following acts or things:

I am the parent of the following minor child(ren):

- _____, born _____
- _____, born _____
- _____, born _____
- _____, born _____

and I do hereby state that it is necessary to leave said child(ren) in the care of my attorney-in-fact and he/she shall have my full permission and consent:

To perform any and all parental acts, as fully to all intents and purposes as I might or could if personally present, to include but not limited to discipline, maintenance, supervision, arbitration of disputes, enrollment in school, sports or other activities, travel, and consent to any and all medical care and treatment necessary and appropriate for the general health and welfare of said child(ren).

I HEREBY GIVE AND GRANT TO my said attorney-in-fact full power and authority to perform every act and thing whatsoever that is necessary or appropriate to accomplish the purposes for which this Power of Attorney is granted, as fully and effectually as I could do if I were present; and I hereby ratify all that my said attorney-in-fact shall lawfully do or cause to be done by virtue of this document.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney-in-fact for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney-in-fact and the designation "attorney-in-fact."

Initials

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I FURTHER DECLARE that any act or thing lawfully done hereunder by my said attorney-in-fact shall be binding on myself and my heirs, legal and personal representatives and assigns, whether the same shall have been done either before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorney-in-fact; and whether or not I, the grantor of this instrument, shall have been reported or listed, either officially or otherwise, as "missing in action" as that phrase is used in military parlance, or as "captured," it being my intent that such status designation shall not bar my attorney-in-fact from fully and completely exercising and continuing to exercise any and all powers and rights herein granted and that such report of "missing in action" or "captured" shall neither constitute nor be interpreted as constituting notice of my death nor operate to revoke this instrument.

FURTHER, this power of attorney shall remain in full force and effect **until the ___day of _____, 20__**, unless sooner revoked by me. To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this power of attorney may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or partial or complete termination of this power of attorney by adjudication of incapacity, suspension by initiation of proceedings to determine incapacity, or my death shall have been received by such third party in accordance with the requirements of law. I, for myself and my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied upon the provisions of this power of attorney, and provided further, that in the event that I should be reported or listed "missing" or "missing in action", as those phrases are used in military parlance, prior to the expiration or revocation of this power of attorney, it shall not terminate but shall be extended as long as I remain in that status. It is my intention that such status designation shall not bar my attorney-in-fact from fully and completely exercising and continuing to exercise any and all powers and rights herein granted, and that such report of "missing" or "missing in action" shall neither constitute nor be interpreted as constituting notice of my death, nor operate to revoke this instrument.

This **DURABLE POWER OF ATTORNEY** shall not be affected by my subsequent disability or incapacity, and that notwithstanding any termination date herein, or lapse of time, and that in the event of my subsequent disability or incapacity prior to the expiration or revocation of this power of attorney, it shall not terminate but shall be extended as long as I remain in that status. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incapacity or incompetence.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this ___day of _____, 20____.

Signature

Print Name

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MILITARY ACKNOWLEDGMENT

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 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:

CIVILIAN ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of San Bernardino) SS.
Marine Corps Air Ground Combat Center)

On _____, before me, _____,

Personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that **he/she** executed the same in **his/her** authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ Seal