

**POWER OF ATTORNEY  
REGARDING DELEGATION OF GUARDIANSHIP**

STATE OF MICHIGAN )

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, parent of \_\_\_\_\_,  
a minor currently residing within the State of Michigan whose date of birth is  
\_\_\_\_\_, do hereby execute this Power of Attorney delegating my rights to  
the care, custody, and control of said minor to \_\_\_\_\_,  
for the purpose of providing a suitable home environment pursuant to Section 5103 of the  
Estate and Protected Individuals Code (MCLA 700.5103) until \_\_\_\_\_,  
20\_\_\_, but not to exceed six months from this date.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, state, zip code

WITNESSED BY:

\_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
, Notary Public  
\_\_\_\_\_ County, Michigan  
Acting in \_\_\_\_\_ County, Michigan

My commission expires: \_\_\_\_\_