

STATE OF NORTH CAROLINA

COUNTY OF _____

POWER OF ATTORNEY AND CUSTODY AGREEMENT

KNOW ALL MEN BY THESE PRESENTS, that I, _____
_____ of _____ County,
North Carolina, have made, constituted and appointed, and by these presents do make,
constitute and appoint _____ as
my true and lawful Attorney-in-Fact and authorize him/her to act for me and in my
name and stead and to provide the care, custody and maintenance for my minor child,
_____, as set out below:

1. I am the natural mother or father of

_____,
who was born on _____, and
be it known that I appoint

_____, as the Attorney-in-Fact and Guardian of my child, and the said Attorney-in-Fact shall have the right and authority to do all acts and things necessary to promote the health, education, happiness and mental equanimity of my child while this Power of Attorney is in full force and effect.

2. My said Attorney-in-Fact shall have the right and privilege to enroll said child in the public schools of her residence; sign for me and in my name and stead any and all necessary papers and documents needed to enroll said child in school and while in school, my said Attorney-in-Fact shall stand In Loco Parentis and have the power and authority to exercise all rights exercised by a parent for a child.

3. My said Attorney-in-Fact shall have the right and authority to sign any and all papers and documents necessary for the said child to enter a hospital, to undergo operations and the right and authority to exercise any and all needs for medical and dental care of the said child.
4. My said Attorney-in-Fact shall have the authority to discipline my child in any fashion within her discretion, and shall stand In Loco Parentis of my child.
5. My said Attorney-in-Fact shall have the right and authority to collect any and all monies due and payable to the said child, and to endorse any and all drafts made payable to the said child and to execute any and all documents designed for the economic benefit of the said child and to disburse the monies so received in her discretion.
6. By this appointment, I do not disclaim any interest in my minor child and I do not intend by this appointment to terminate my parental rights to my minor child.

I do hereby ratify and confirm all things so done by my said Attorney-in-Fact, within the scope of the authority herein given her, as fully and to the same extent as if by me personally done and performed.

For the protection of any school authorities, medical institutions, doctors, dentists, banks and other third parties relying on this Power of Attorney, I do hereby agree that this Power of Attorney shall remain in full force and effect until by me revoked by written notice to the above; and if any part of this Power of Attorney is determined to be invalid, I agree that all other provisions shall remain in full force and effect.

This Power of Attorney is executed pursuant to the General Statutes of North Carolina, and it is my intention that this Power of Attorney shall continue in effect, notwithstanding my incapacity or incompetence, unless and until a written revocation of this Power of Attorney is executed; and to the extent that I am able to do so, I hereby

relieve my Attorney-in-Fact of the responsibility and duty of filing any reports with any court.

IN WITNESS THEREOF, I have executed the foregoing Power of Attorney and Custody Agreement, this the ____ day of March, 2016.

STATE OF NORTH CAROLINA

COUNTY OF BUNCOMBE

On this _____ day of March, 2016, before me personally appeared the said named _____
to me known and known to me to be the person described herein and who executed the foregoing instrument and she/he acknowledged that she/he executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public

My Commission Expires: _____