|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
|  | ) |  |
| IN THE MATTER OF: | ) | PROBATE COURT USE ONLY |
| , | )  ) | IN THE PROBATE COURT |
| a ward. | ) | CASE NUMBER      -GC-     - |
|  | ) |  |
|  | )  ) | **SPECIAL POWER OF ATTORNEY DELEGATING POWERS OF GUARDIAN** |
|  | ) |  |

Name of Guardian:

Name of Co-Guardian:

I/We, the above-named Guardian or Co-Guardians, were appointed by this Court on     , 20       to serve in that capacity for      , a ward.

To the extent of the power granted to me/us pursuant to S.C. Code Ann. § 62-5-309, subject to the rights and powers retained by the Ward, and except as modified by order of the Court, I/we hereby delegate the powers vested in me/us regarding the care and custody of       to      .

The delegation of this authority is for the period from       to      , but for no more than sixty (60) days from the date of this document. This delegation terminates automatically in sixty (60) days, unless I/we notify the Court sooner. The original of this document is on file with the       County Probate Court, as required by S.C. Code Ann. § 62-5-309(C). A copy of my/our Certificate of Appointment as Guardian or Co-Guardian is attached to this Special Power of Attorney.

|  |
| --- |
| Executed this       day of      , 20     . |
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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | | | |  | day of | Guardian Signature: |  |
| , | | | | 20 | . | Print Name: |  |
|  | | | | | | Address: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |
| Print Name: |  | | | | | Preferred Telephone: |  |
| Notary Public for: | |  | | | | Secondary Telephone: |  |
|  | | (State) | | | | Email: |  |
| My Commission Expires: | | | (Date) | | |  |  |
|  | | |  | | |  |  |
|  | | |  | | |  |  |

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| --- |
| Executed this       day of      , 20     . |
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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | | | |  | day of | Co-Guardian Signature: |  |
| , | | | | 20 | . | Print Name: |  |
|  | | | | | | Address: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |
| Print Name: |  | | | | | Preferred Telephone: |  |
| Notary Public for: | |  | | | | Secondary Telephone: |  |
|  | | (State) | | | | Email: |  |
| My Commission Expires: | | | (Date) | | |  |  |

**ACCEPTANCE**

**I,**      **, accept the appointment given through this Special Power of Attorney Delegating Powers of Guardian. By accepting this appointment I acknowledge that I am submitting myself to the jurisdiction of the Court, and that I have the same duties and responsibilities towards**       **as if I had been appointed as Guardian directly by the Court.**

|  |
| --- |
| Executed this       day of      , 20     . |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | | | |  | day of | Signature: |  |
| , | | | | 20 | . | Print Name: |  |
|  | | | | | | Address: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |
| Print Name: |  | | | | | Preferred Telephone: |  |
| Notary Public for: | |  | | | | Secondary Telephone: |  |
|  | | (State) | | | | Email: |  |
| My Commission Expires: | | | (Date) | | | Relationship to the Ward: |  |