

STATE OF SOUTH CAROLINA)

COUNTY OF Horry)

IN THE MATTER OF:)

a ward.)

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT
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 .

SWORN to before me day of Guardian Signature:
this 20 .

Print Name: _____
Address: _____

Print Name: _____
Notary Public
for: _____
(State)
My Commission Expires: _____
(Date)

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

Executed this day of , 20 .

SWORN to before me _____ day of _____
this _____, 20____.

Co-Guardian
Signature: _____
Print Name: _____
Address: _____

Print
Name:
Notary Public
for:

(State)

My Commission
Expires: _____ (Date)

Preferred Telephone: _____

Secondary
Telephone: _____
Email: _____

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____.

SWORN to before me _____ day of _____
this _____, 20____.

Signature: _____
Print Name: _____
Address: _____

Print
Name:
Notary Public
for:

(State)

My Commission
Expires: _____ (Date)

Preferred Telephone: _____

Secondary
Telephone: _____
Email: _____
Relationship to the
Ward: _____