

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)
IN THE MATTER OF:)



_____,)
a ward.)

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 this _____ day of _____, 20 _____.

Guardian Signature: _____
Print Name: _____
Address: _____

Print Name: _____
Notary Public for: _____
(State)

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

My Commission Expires: _____
(Date)

Executed this _____ day of _____, 20_____.

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

Guardian Signature: _____
Print Name: _____
Address: _____

Print Name: _____
Notary Public for: _____
(State)

Preferred Telephone: _____
Secondary Telephone: _____
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_____.

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

Signature: _____
Print Name: _____
Address: _____

Print Name: _____

Notary Public for: _____
(State)

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

My Commission Expires: _____
(Date)

Relationship to Ward: _____