

Power of Attorney/ Indian Custodianship Revocation by Custodian

I _____ (custodian), hereby revoke my consent for power of attorney and Indian custodian for _____ (child).

Through this revocation, I hereby revoke my ability to consent to any medical treatment or hospital care of _____ (child) and/or to make any decision or acts regarding the education of said child.

Through this revocation, I am relieved of any previous right and responsibility to do all acts necessary to maintain a customary standard of living and provide for the care and welfare of _____ (child).

This power of attorney/ Indian custodianship revocation shall become effective upon the date of signature. This revocation is effective indefinitely or until altered, through writing, by all parties concerned.

Dated: _____ (custodian)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__.

Notary Public in and for Alaska

My Commission expires: _____