

1 NAME: _____
2 ADDRESS: _____
3 TELEPHONE: _____

4 **IN THE TRIBAL COURT OF THE**
5 **FORT MCDOWELL YAVAPAI NATION (ARIZONA)**

6 In the Matter of: _____) Case No.: _____
7 Membership # _____) **POWER OF ATTORNEY FOR PER**
8 Tribal Affiliation _____) **CAPITA DISTRIBUTION**
9 DOB: _____)
10 Principal,)
11 AND)
12 Membership # _____)
13 Tribal Affiliation _____)
14 DOB: _____)
15 Attorney-in-Fact.)

- 15 1. I _____, Membership # _____ sign my name to
16 this Power of Attorney this _____ day of _____, _____, and being first
17 duly sworn, do declare to appoint _____, Membership #
18 _____ as my true and lawful attorney.
- 19 2. I grant said attorney the power to pick-up checks from Fort McDowell Yavapai Nation.
20 [] Monthly per capita distribution checks.
21 [] Quarterly per capita distribution checks.
22 [] Bonuses or other distribution(s) checks.
23 [] All distributions.
- 24 3. I grant said attorney the ability to cash and endorse and use money as Attorney-in-Fact shall deem
25 proper.
[] Monthly per capita distribution checks.
[] Quarterly per capita distribution checks.
[] Bonuses or other distribution(s) checks.
[] All distributions.

1 4. I understand that it is my responsibility and obligation to inform the Attorney-in-Fact (*person*
2 *I designate with this Power of Attorney*) of the purpose of the check and to assure no misuse.

3 Initial: _____

4 5. This Power of Attorney will become effective and expire on:

5 [] 30 days: (1 month) It will begin on _____ and will expire
6 on _____, unless I/We revoke it at an earlier time.

7 [] 60 days: (2 months) It will begin on _____ and will expire
8 on _____, unless I/We revoke it at an earlier time.

9 [] 90 days: (3 months) It will begin on _____ and will expire
10 on _____, unless I/We revoke it at an earlier time.

11 [] 120 days: (4 months) It will begin on _____ and will expire
12 on _____, unless I/We revoke it at an earlier time.

13 [] 150 days: (5 months) It will begin on _____ and will expire
14 on _____, unless I/We revoke it at an earlier time.

15 [] 180 days: (6 months) It will begin on _____ and will expire
16 on _____, unless I/We revoke it at an earlier time.

17 6. I execute this Power of Attorney as my *free and voluntary act* and that I am eighteen years of
18 age or older, of sound mind and under no constraints or under influence.

19 Initial: _____

20 7. All prior Power of Attorneys are hereby revoked and annulled. This Power of Attorney is
21 hereby valid.

22 Dated this _____ day of _____, 20____.

23 _____
24 Principal's Signature
25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I, _____, Attorney-in-Fact, Membership # _____,
attest that to the best of my knowledge the Principal is eighteen years of age or older, of sound
mind, and under no constraints or undue influence. As the Attorney-in-Fact, I understand that I
cannot receive any benefits from the Principal unless those benefits are specifically identified in
detail by the Principle. In addition, I understand I will act in the best interest of the Principle and
if my actions are contrary, I may be subject to sanctions provisions.

Attorney-in-Fact' signature

I, _____, Membership # _____, sign my name to the
foregoing Power of Attorney being first duly sworn and do declare to the undersigned authority
that to the best of my knowledge the Principal signs and executes this instrument as his/her
Power of Attorney and that he/she signs it willingly, or willingly directs another to sign for
him/her, and that I, in the presence and hearing of the Principal, sign this Power of Attorney as
witness to the Principal's signing and that to the best of my knowledge the Principal is eighteen
years of age or older, of sound mind, and under no constraints or undue influence.

Witness' signature

1 STATE OF ARIZONA)
2 : ss.
3 County of Maricopa)

4 I _____, the Principal, solemnly swear the foregoing power of
5 attorney is true to the best of my/our knowledge.

6 _____
7 Principal's Signature

8 _____
9 Principal's Print

10 **SUBSCRIBED** and **SWORN** to before me this _____ day of _____,
11 20____.

12 My Commission Expires: _____

13 _____
14 Notary Public/Court Clerk