

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT I, _____,
of _____ do hereby make, constitute
and appoint _____ whose address is
_____ as my true and
lawful attorney-in-fact.

Giving unto him/her full and complete power and authority to act in my name, place and stead to bargain, sell, and convey in fee simple, to execute on my behalf any warranty or quit claim deed, or other instrument of conveyance, closing statement, or any other document in connection therewith, for such price and upon such terms, and to such person, persons, or corporation, as said attorney-in-fact shall deem fit, land situated in the _____ of _____, County of _____, State of Michigan, to wit:

and, to make payment and satisfy all mortgages, taxes, assessments, and other encumbrances that may be a lien or charge on the above-described land; to receive payment of the purchase money therefor and apply same for my benefit, giving and granting unto said attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully and to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that my attorney shall lawfully do or cause to be done by virtue hereof.

This power of attorney shall be deemed a durable power of attorney under Michigan land law and shall not be affected by any subsequent disability.

In witness whereof, I have hereunto set my hand and seal this _____ day of _____,
20_____.

Witness:

STATE OF MICHIGAN)
)SS.
COUNTY OF)

On this _____ day of _____, 20_____, before me, a notary public, appeared _____ to me known to be the person whose name is subscribed to the foregoing power of attorney and who acknowledged to me that _____ executed the same for the purposes herein expressed as _____ free act and deed.

, Notary Public
County, Michigan

My commission expires:

Drafted by:

Return to:

Acknowledgement of Responsibilities

I, _____, have been appointed as attorney in fact for _____, the principal under a durable power of attorney, dated _____ . By signing this document, I acknowledge that if and when I act as attorney-in-fact, all of the following apply:

- a) Except as provided in the durable power of attorney, I must act in accordance with the standards of care applicable to fiduciaries acting under durable powers of attorney.
- b) I must take reasonable steps to follow the instructions of the principal.
- c) Upon request of the principal, I must keep the principal informed of my actions. I must provide an accounting to the principal upon request of the principal, to a guardian or conservator appointed on behalf of the principal upon the request of that guardian or conservator, or pursuant to judicial order.
- d) I cannot make a gift from the principal's property, unless provided for in the durable power of attorney or by judicial order.
- e) Unless provided in the durable power of attorney or by judicial order, I , while acting as attorney-in-fact, shall not create an account or other asset in joint tenancy between the principal and me.
- f) I must maintain records of my transactions as attorney-in-fact, including receipts, disbursements and investments.
- g) I may be liable for any damage or loss to the principal, and may be subject to any other available remedy, for breach of fiduciary duty owed to the principal. In the durable power of attorney, the principal may exonerate me of any liability to the principal for breach of fiduciary duty except for actions committed by me in bad faith or with reckless indifference. An exoneration clause is not enforceable if inserted as the result of my abuse of a fiduciary or confidential relationship to the principal.
- h) I may be subject to civil or criminal penalties if I violate my duties to the principal.

Dated: _____

State of Michigan
County of _____ SS

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____

Notary Public

County, Michigan
Acting in the County of _____
My Commission Expires: _____