

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT, I, _____
of _____ have made,
constituted and appointed and by these presents do make, constitute and appoint _____
_____, my _____, true and lawful attorney for me in my
name, place and stead, giving full and complete power and authority to do and perform all and every act and thing
whatsoever requisite and necessary to be done in the purchase and mortgage of the premises located at
_____ and more fully described as follows:

and to that purpose to execute and sign, on my behalf, to personally bind me, a note to _____
_____ in the amount
of _____ a mortgage on the above-described premises, given
as security for the note, all truth-in-lending statements, settlement statements, Real Estate Settlement Procedure Act
(RESPA) forms, private mortgage insurance forms, deeds, endorse checks as a result of this transaction,
membership cards, estoppel certificates, and all other papers proper and necessary in the purchase and mortgage of
the aforesaid premises and generally to do, and perform all and every act and thing whatsoever requisite and which
is, or may be, required and necessary to be done in and about the premises as fully to all intents and purposes as I
might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do by
virtue hereof. This power of attorney may only be revocable in writing and shall be deemed a durable power of
attorney under Michigan law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of
_____, 20_____.

STATE OF MICHIGAN)
)SS.
COUNTY OF)

On this _____ 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: _____

INDIVIDUAL ACTING AS POA ON BEHALF OF INDIVIDUAL

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: _____