**Michigan Limited Power of Attorney**

BE IT ACKNOWLEDGED that I, [NAME] [SOCIAL SECURITY NUMBER], the undersigned, do hereby grant a limited and specific power of attorney to [FULL NAME] of [ADDRESS] as my attorney-in-fact.

Said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on my behalf:

[INSTRUCTIONS]

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in its discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my attorney-in-fact until in receipt of actual notice of revocation.

Signed this [DAY] day of [MONTH], 20[YEAR].

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

Signature

Pursuant to MCL Chapter 700, Section 5501.

*(The principal is required to sign the document in the presence of either a notary public****or****two (2) witnesses.)*

Witnesses: Witnesses’ Signatures:

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

ATTORNEY-IN-FACT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, [FULL NAME], have been appointed as attorney-in-fact for [NAME], the Principal, under this Power of Attorney. 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 Power of Attorney, I must act in accordance with the standards of care applicable to fiduciaries acting under 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 Power of Attorney;

e. Unless provided in the Power of Attorney or by court 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 damage or loss to the Principal, and may be subject to any other available remedy, for breach of fiduciary duty owed by an attorney-in-fact to a Principal for any action I take that is not provided for in the Power of Attorney; and

h. I may be subject to civil or criminal penalties if I violate my duties to the Principal.

Attorney-In-Fact's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| STATE OF [STATE]County of [COUNTY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Subscribed, sworn to and acknowledged before me by [NAME], the Principal, and subscribed, sworn to and acknowledged before me this [DAY] day of [MONTH, YEAR]. |
| (Notary Seal) | Signature of Notary Public |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

 (Notary Seal) (Signature of Notary Public)