

ACKNOWLEDGMENT OF RESPONSIBILITIES BY ATTORNEY-IN-FACT

I, _____, have been appointed as attorney-in-fact for _____, the Principal, under a Durable Power of Attorney dated _____, 20____. 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;
- e. Unless provided in the Durable 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 Durable 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 Signature _____ **Date:** _____

Attorney-in-Fact _____