

DURABLE POWER OF ATTORNEY FOR FINANCES

INTRODUCTION

1. This Durable Power of Attorney for Finances, which begins on the next page, is an important legal document. By signing it, you are voluntarily giving another person broad powers to handle your property and finances.

2. **Warning!** Do not sign this document unless you fully understand the consequences of having a durable power of attorney for finances.

3. There is no standard form for a durable power of attorney. If this form does not reflect your wishes or suit your needs in any way, seek advice from a lawyer.

4. In using this document, you must choose whether you want your agent to have powers now, or only if you become unable to handle your finances.

5. This document does not give your agent power to make medical decisions.

6. You can revoke this power of attorney by notifying your agent in writing.

INSTRUCTIONS

1. Read over the following document carefully. If there is anything you do not understand, you should ask a lawyer to explain it to you.

2. If the document suits your needs, complete the blanks on the form or direct someone to do it for you. Make sure to initial one choice under "When this Power of Attorney is Effective."

3. Sign the document or direct someone else to sign your name in your presence, and have two witnesses sign.

4. If your agent will have power to deal with real estate, make sure a notary public signs the document.

5. Keep the original document in a safe place, accessible to you and your agent. You can make and use photocopies of the original.

DURABLE POWER OF ATTORNEY FOR FINANCES

I, _____, am of sound mind, and I

(Print or type your full name)

voluntarily make this designation. I revoke any financial powers of attorney I have signed in the past.

APPOINTMENT OF AGENT

I designate _____, my _____,

(Insert name of agent)

(Spouse, child, friend, etc.)

living at _____,

(Address of agent)

to act for me as my agent, with the powers set forth in this document. If my first choice cannot serve or cannot continue to serve, I designate _____,

(Insert name of successor agent)

my _____, living at _____,

(Spouse, child, friend, etc.)

(Address of successor agent)

to act for me as my agent. I have discussed this appointment with the individual or individuals I have designated.

WHEN THIS POWER OF ATTORNEY IS EFFECTIVE

(You **must** choose one paragraph by writing your initials on the line)

_____ My agent has the powers set forth in this document immediately upon my signing it. These powers shall not be affected by any mental or physical disability I may have in the future.

OR

_____ My agent shall have the powers set forth in this document only when it is determined I am unable to manage my property and financial affairs effectively. That determination shall be made by my attending physician, who shall put it in writing.

POWERS

My agent shall exercise powers in my best interests and for my welfare, as a fiduciary. My agent shall have the following powers:

1. **BANKING** - To receive funds, deposit funds in any financial institution, and make withdrawals by check or otherwise to pay for goods, services, and any other personal and business expenses for my benefit. To effect her or his powers, my agent has power to sign a power of attorney drafted by the institution, and shall have access to my safe deposit box.
2. **GOVERNMENT BENEFITS** - To apply for and receive any government benefits for which I may be eligible or become eligible, including but not limited to, Social Security, Medicare and Medicaid.
3. **INVESTMENTS** - To invest and reinvest my funds, and to withdraw funds to the extent needed to pay for my needs.
4. **RETIREMENT PLAN** - To contribute to, select payment option of, roll-over, and receive benefits of any retirement plan or IRA, except my agent shall not have power to change the beneficiary of any plan or IRA.
5. **TAXES** - To complete and sign any local, state and federal tax returns, pay any taxes and assessments due and receive credits and refunds, to sign any IRS documents necessary to effectuate these powers.
6. **INSURANCE** - To purchase, pay premiums and make claims on life, health, automobile and homeowners' insurance, except my agent shall not have the power to cash in or change the beneficiary of any life insurance policy.
7. **REAL ESTATE** - To purchase, sell, lease, repair, improve, mortgage, and make mortgage and utility payments upon real property. A legal description is attached.
8. **PERSONAL PROPERTY** - To hold personal property for safekeeping, and to buy and sell personal property, including motor vehicles.

9. **LEGAL ADVICE AND PROCEEDINGS** - To obtain and pay for legal advice, to initiate or defend legal and administrative proceedings on my behalf, including actions against third parties who refuse without cause to honor this document.

10. **ESTATE PLAN** - My agent has no authority to make or amend a will on my behalf, and has no power to make gifts on my behalf except to my spouse. My agent has access to my will; in exercising powers, my agent shall take into account my estate plan as known to the agent.

SPECIAL INSTRUCTIONS

On the following lines are any special instructions limiting or extending the powers I give to my agent. _____

(Attach additional pages, if necessary)

OTHER PROVISIONS

No person in Michigan or in any other state who relies upon representations of my agent under this durable power of attorney shall be liable to me or my estate without actual knowledge my agent did not have power to act.

My agent shall not be liable to me under this power except for a breach of fiduciary duty.

My agent is entitled to reimbursement for reasonable expenses incurred in exercising powers, and to reasonable compensation for services as agent.

I can amend or revoke this power of attorney through a writing delivered to my agent. Revocation is not effective as to a third party until the third party learns of it.

Photocopies of this document can be relied upon as though they were originals.

SIGNATURE OF PRINCIPAL

I sign this document voluntarily, and I understand its purpose.

Dated: _____ Signed: _____

(Your signature)

(Address)

STATEMENT AND SIGNATURE OF WITNESSES

We sign below as witnesses. This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud or undue influence. Neither of us is an agent named in this document.

(Print name)

(Signature of witness)

(Address)

(Print name)

(Signature of witness)

(Address)

SIGNATURE OF NOTARY

Sworn to and signed by _____ this ____ day of 20____.

(Signature of notary public)

County _____

My commission expires on _____

DISCLAIMER

This form contains information of a general nature concerning the legal rights of individuals, but may not apply to all fact situations.

The Attorney General is not providing personal legal advice with the publication of this document. This document is an informational guide, intended to aid the reader as to the types of issues that should be raised in consultation with an attorney, financial advisor, or healthcare provider, and/or with an appropriate representative of a public or private agency.