**MICHIGAN ACKNOWLEDGMENT OF**

**ATTORNEY-IN-FACT’S RESPONSIBILITIES**

I, [ATTORNEY-IN-FACT NAME], have been appointed as attorney-in-fact for [PRINCIPAL NAME], the Principal, under a Durable Power of Attorney dated [MM/DD/YYYY]. By signing this document, I acknowledge that if and when I act as attorney-in-fact, all of the following apply:

1. 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;
2. I must take reasonable steps to follow the instructions of the Principal;
3. 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;
4. I cannot make a gift from the Principal’s property unless provided for in the Durable Power of Attorney;
5. 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;
6. I must maintain records of my transactions as attorney-in-fact, including receipts, disbursements, and investments;
7. 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
8. I may be subject to civil or criminal penalties if I violate my duties to the Principal.

**Attorney-in-Fact’s Signature** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_