

is not specifically provided for in this Durable Power of Attorney, I will be unable to receive any compensation for my time and efforts under this agreement.

8. I may be liable for any damage or loss to [redacted], (the Principal) and may be subject to any other available remedy, for a breach of fiduciary duty owed to the principal. I understand I may have to repay to the Principal the money I lost or spent if I am found liable. The principal may choose to exonerate me of any liability to the principal for a breach of fiduciary duty except for actions committed by me in bad faith or with reckless indifference by adding a specific exoneration clause to this Durable Power of Attorney. An exoneration clause is not enforceable if inserted as the result of my abuse of a fiduciary or confidential relationship to the principal.

9. I may be subject to civil or criminal penalties if I violate my duties to [redacted]. I understand that it is fraud and a crime under Michigan or Saginaw Chippewa Tribal law if I spend any of [redacted]'s money for my own benefit. I understand that I can be held financially responsible for any transaction that is not specifically authorized in the Power of Attorney.

10. In order to adequately comply with all of the above, I understand that I may hire an advisor, attorney, accountant, or other professional as reasonably required and I may pay for the professional's services from the estate of the Principal.

I, [redacted], (the Principal) hereby appoint [redacted], as attorney in fact under these terms and not subject to the lapse of time.

Dated: _____ /s/ [redacted]

Witnessed (must be two):

Signature: _____
*Printed Name

Signature: _____
*Printed Name

* Insert person's printed name

On this _____ day of _____, _____, before me personally appeared [redacted] (the Principal) and [redacted] (the Attorney in Fact) either known to me or with proper identification, and acknowledged this Appointment of, and Acceptance of Durable Power of Attorney to be his or her free act and deed.

*Notary Signature

Notary Public, _____County, _____State

Acting in _____County

My Commission Expires:

Acknowledgment and Acceptance of the Attorney-in-fact

I, , (the Attorney-in-Fact) 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 and I have the following authority, rights, responsibilities and limitations as provided by law with respect to a Durable Power of Attorney, including but not limited to the following:

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 on 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 a request of that guardian or conservator appointed on behalf of the principal; or pursuant to a judicial order.
4. I cannot take a gift from the principal's property, unless provided for in the durable power of attorney or by judicial order.
5. 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.
6. I must maintain records of my transactions as attorney-in-fact, including receipts, disbursements, and investments.
7. I may be liable for any damages or losses 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 or 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.
8. I may be subject to civil or criminal penalties if I violate my duties to the principal.

Dated: _____ /s/

Witnessed (must be two):

Signature: _____
*Printed Name

Signature: _____
*Printed Name

* Insert person's printed name

On this _____ day of _____, _____, before me personally appeared _____ (the Principal) and _____ (the Attorney in Fact) either known to me or with proper identification, and acknowledged this Appointment of, and Acceptance of Durable Power of Attorney to be his or her free act and deed.

*Notary Signature

Notary Public, _____ County, _____ State
Acting in _____ County
My Commission Expires: