

GENERAL DURABLE  
POWER OF ATTORNEY  
EFFECTIVE IMMEDIATELY

I, \_\_\_\_\_, a resident of Muskegon County, Michigan, designate \_\_\_\_\_, as my attorney-in-fact (also referred to as "the Agent") on the following terms and conditions:

1. Authority to Act. The Agent is authorized to act for me under this Power of Attorney and shall exercise all powers in my best interests and for my welfare.

2. Powers of Agent. The Agent may perform any act and exercise any power with regard to my property and affairs that I could do personally, including exercising all of the specific powers set forth below:

**MY WISHES CONCERNING MY FINANCIAL AFFAIRS:**

a. Collect and Manage. To collect, hold, maintain, improve, invest, lease, or otherwise manage any or all of my real or personal property or any interest therein;

b. Buy and Sell. To purchase, sell, mortgage, grant options, or otherwise deal in any way in any real property, including real property commonly known with the street or road "mailing" address as:

\_\_\_\_\_

with the Tax Parcel No. \_\_\_\_\_, or personal property, tangible or intangible, or any interest therein, **including any vehicle titled in the State of Michigan or elsewhere**, upon such terms as the Agent considers proper,

including the power to buy United States Treasury Bonds that may be redeemed at par to pay federal estate tax and to sell or transfer Treasury securities;

c. Borrow. To borrow money, to execute promissory notes therefore, and to secure any obligation by mortgage or pledge.

d. Business and Banking. To conduct and participate in any kind of lawful business of any nature or kind, including the right to sign partnership agreements, continue, reorganize, merge, consolidate, recapitalize, close, liquidate, sell, or dissolve any business and to vote stock, including the exercise of any stock options and the carrying out of any buy-sell agreement; to receive and endorse checks and other negotiable paper, deposit and withdraw funds (by check or withdrawal slips) that I now have on deposit or to which I may be entitled in the future in or from any bank, savings and loan, or other institution;

e. Tax Returns and Reports. To prepare, sign, and file separate or joint income, gift, and other tax returns and other governmental reports and documents; to consent to any gift; to file any claim for tax refund; and to represent me in all matters before the Internal Revenue Service;

f. Safe Deposit Boxes. To have access to any safety deposit box registered in my name alone or jointly with others, and to remove any property or papers located therein;

g. Proxy Rights. To act as my agent or proxy for any stocks, bonds, shares, or other investments, rights, or interests I may now or hereafter hold;

h. Government Benefits. To make application to any governmental agency for any benefit or government obligation to which I may be entitled;

i. Legal and Administrative Proceedings. To engage in any administrative or legal proceedings or lawsuits in connection with any matter herein;

j. Life Insurance. To exercise any incidents of ownership I may possess with respect to policies of insurance, except policies insuring the life of my Agent;

k. Transfers in Trust. To transfer any interest I may have in property, whether real or personal, tangible or intangible, to the trustee of any trust that I have created for my benefit;

l. Delegation of Authority. To engage and dismiss agents, counsel, and employees, in connection with any matter, upon such terms as my agent determines;

m. Restrictions on Agent's Powers. Regardless of the above statements, my agent (1) cannot execute a will, a codicil, or any will substitute on my behalf; (2) cannot change the beneficiary on any like insurance policy that I own; (3) cannot make gifts on my behalf; and (4) may not exercise any powers that would cause assets of mine to be considered taxable to my agent or to my agent's estate for purposes of any income, estate, or inheritance tax.

3. Durability. This durable Power of Attorney shall not be affected by my disability and shall continue in effect until my death or until revoked by me in writing. The Agent shall have no duty to act, and shall incur no liability to me or to my estate for failing to take any action under this Power of Attorney, prior to receiving written notice from me

requesting the Agent to act or, alternatively, receiving written notice that in the opinion of two licensed physicians I am unable to act due to either physical or mental disability, in which case the Agent shall immediately begin to act.

4. Reliance by Third Parties. Third parties may rely upon the representations of the Agent as to all matters regarding powers granted to the Agent. No person who acts in reliance on the representations of the Agent or the authority granted under this Power of Attorney shall incur any liability to me or to my estate for permitting the Agent to exercise any power prior to actual knowledge that the Power of Attorney has been revoked or terminated by operation of law or otherwise.

5. Indemnification of Agent. No agent named or substituted in this power shall incur any liability to me for acting or refraining from acting under this power, except for such agent's own misconduct or negligence.

6. Original Counterparts. Photocopies of this signed Power of Attorney shall be treated as original counterparts.

7. Revocation. I hereby revoke any previous Power of Attorney that I may have given to deal with my property and affairs as set forth herein.

8. Compensation. The Agent shall be reimbursed for reasonable expenses incurred while acting as Agent and may receive reasonable compensation for acting as Agent.

9. Substitute Agent. If \_\_\_\_\_ resigns as my attorney-in-fact, in a writing or otherwise in a form made known to interested parties, at any time, stating that she is unable or unwilling to act, then \_\_\_\_\_ is appointed to act as my attorney-in-fact.

/s/ \_\_\_\_\_

Print name of person granting the POA

I \_\_\_\_\_  
have initialed every page of the  
Power of Attorney thusly: \_\_\_\_\_

Witness:

/s/ \_\_\_\_\_

Print name of person who is witness

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF MICHIGAN     )  
  )ss.  
COUNTY OF                    )

Subscribed and sworn to before me on  
the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ known to  
me to be said person, by his/her own free will and accord.

\_\_\_\_\_

Notary Public  
County of \_\_\_\_\_  
State of Michigan  
My Commission Expires:  
Acting in \_\_\_\_\_ County