## ACKNOWLDGEMENT OF ATTORNEY-IN-FACT

I,	, have been appointed as attorney-in-fact for
By	signing this document, I acknowledge that if and when I act as attorney-
in-fact, all of the	e following apply:
• •	ovided in the durable power of attorney, I must act in accordance with the
standards of care	e applicable to fiduciaries acting under durable powers of attorney.
(h) I must take r	easonable steps to follow the instructions of the principal.
(b) I must take I	easonable steps to follow the histractions of the principal.
(c) Upon reques	t of the principal, I must keep the principal informed of my actions. I
· · ·	accounting to the principal upon request of the principal, to a guardian or
conservator app	ointed on behalf of the principal upon the request of that guardian or
conservator, or p	pursuant to judicial order.
(d) Laganat mal	te a gift from the principal's property, unless provided for in the durable
	ey or by judicial order.
power or attorne	y of by judicial order.
(e) Unless provi	ded in the durable power of attorney or by judicial order, I, while acting
as attorney-in-fa	ct, shall not create an account or other asset in joint tenancy between the
principal and me	÷.
(f) I must mainte	ain records of my transactions as attorney-in-fact, including receipts,
disbursements, a	•
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(g) I may be liab	ole for any damage or loss to the principal, and may be subject to any
	emedy, for breach of fiduciary duty owed to the principal. In the durable
	ey, the principal may exonerate me of any liability to the principal for
	ary duty except for actions committed by me in bad faith or with reckless
	exoneration clause is not enforceable if inserted as the result of my
abuse of a fiduc	ary or confidential relationship to the principal.
(h) I may be sub	ject to civil or criminal penalties if I violate my duties to the principal.
Signature:	Data
Signature	Date: