## LIMITED DURABLE POWER OF ATTORNEY EFFECTIVE UPON DISABILITY

## REGARDING LAW OFFICE FINANCIAL ACCOUNTS

**NOTE: This is a sample form, your financial institution may require different/additional documentation**

I, [**Designating Attorney**] on behalf of myself and my law firm, [**Law Firm**], appoint [**Interim Administrator**] as my agent and attorney-in-fact for the limited purpose of conducting all transactions and taking any actions that I might do with respect to my law office bank account(s), including Interest on Lawyer Trust Accounts and non-Lawyer Interest on Trust Accounts, and safe deposit box(es) and any other transactions required by MCR 9.307 in the event of my incapacity.

These powers are to be exercised in my name and solely for the benefit of my law firm and clients on my incapacity as determined by (1) an appropriate court determination that I am incapacitated or (2) each of two medical doctors (at least one of whom shall be a doctor specializing in geriatric medicine, a psychiatrist, or a neurologist) determines and expresses in a written opinion, signed by the doctor and notarized, that I, at the time of the opinion, am incapacitated. My *incapacity*shall mean that I am mentally impaired to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions. Upon my incapacity, my agent’s exercise of any the powers in this section shall be subject to the restrictions in section 3. My agent shall have no authority under this durable power of attorney until and shall thereafter have authority under this durable power of attorney only as long as I am incapacitated.

 I further authorize my financial institutions to handle my account(s) as directed by my attorney-in-fact and to give to the attorney-in-fact all rights and privileges that I would otherwise have with respect to my account(s) and safe deposit box(es). Specifically, I am authorizing my attorney-in-fact to sign my name on checks, notes, drafts, orders, or instruments for deposit; withdraw or transfer money to or from my account(s); make electronic fund transfers; receive statements and notices on the account(s); and do anything with respect to the account(s) that I would be able to do. I am also authorizing my attorney-in-fact to enter and open my safe deposit box(es), place property in the box(es), remove property from the box(es), and otherwise do anything with the box(es) that I would be able to do, even if my attorney-in-fact has no legal interest in the property in the box.

This Power of Attorney will continue until the financial institution receives my written revocation of this Power of Attorney or written instructions from my attorney-in-fact to stop honoring the signature of my attorney-in-fact.

This Power of Attorney shall not be affected by my subsequent disability or incapacity.

 [Account Holder] [Date]

 Acting personally and as agent for [LAW FIRM]

Replace with Notary Block