**Authorization to Access Digital Assets and Accounts**

**For [LAW FIRM]**

I, [ATTORNEY NAME], authorize [INTERIM ADMINISTRATOR] to access and manage my digital assets pursuant to the Michigan Fiduciary Access to Digital Assets Act (MCL 700.1004(2)). Specifically, [INTERIM ADMINISTRATOR] may exercise the following powers:

* access, manage, copy, distribute, deactivate, and delete any of my digital assets, wherever situated, and
* to obtain, access, modify, control, and delete my passwords, encryption codes, and any other electronic credentials associated with my digital assets.

My digital assets include, but are not limited to all digital assets utilized in the practice of law, including:

1. all of my electronic devices that can receive, store, process, or send digital information, including, without limitation, computers, laptops, phones, and tablets;
2. all of my information created, generated, sent, communicated, received, or stored electronically on a digital device or on a system that delivers digital information;
3. all of my rights to own, possess, or use an electronic system for creating, generating, sending, receiving, storing, displaying, or processing information;
4. all of my electronic communications (including, without limitation, content, signs, signals, writings, images, sounds, data, or intelligence of any nature) sent by me or received by me, wherever stored, including, without limitation, on an electronic device that I own or in an account in my name at any service provider;
5. all social media and marketing sites; and
6. any other electronic data, electronically stored information, or other digital asset that currently exists or may exist as technology develops.

This authorization shall be treated as my lawful consent and authorization pursuant to the Electronic Communications Privacy Act of 1986, 18 USC 2510 et seq. (including the Stored Communications Act, 18 USC 2701 et seq.); the Computer Fraud and Abuse Act, 18 USC 1030; MCL 752.795; MCL 750.540; or any other applicable federal or state law with respect to privacy of digital assets.

This Authorization is effective **[immediately/upon my incapacity]**. This Consent and Authorization will not be affected by my subsequent disability or incapacity or lapse of time, except as provided by statute.

**[OPTIONAL IF ONLY UPON INCAPACITY]** This authorization may only be unutilized 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.

Third parties have the right to rely on this Authorization. Any person who relies on this Authorization will not be liable to me or my law firm or estate for this reliance. To induce third parties to rely on this Authorization, I warrant that if this Authorization is revoked by me or otherwise terminated, I will indemnify any third party from any loss suffered or liability incurred in good faith reliance on the authority of this Authorization before the third party knows of revocation or termination. This warranty binds my personal representatives and successors.

Copies of this Authorization may be relied upon as though they were originals.

I reserve the right to revoke this Authorization. If not revoked before my death, this Authorization shall continue to be effective after my death.

I have executed this Authorization on **[date]**.

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Signature

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Witness

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Witness

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