

LIMITED DURABLE POWER OF ATTORNEY

I, of constitute and appoint as my true and lawful Attorney-in-Fact, giving unto him full and complete authority to act in my name, place and stead to do and perform any and all acts requisite, convenient or proper to purchase the following legally described property:

More commonly known as:

Furthermore, I hereby give unto my Attorney-in-Fact the authority and power to obtain mortgage financing from to facilitate the purchase described above, including, but not limited to, the power and authority to make, execute and deliver to a note or notes, mortgage or mortgages, and any related mortgage loan documents upon such price, terms and rates as my Attorney-in-Fact deems necessary and appropriate.

This Limited Durable Power of Attorney shall not be affected by my disability and incapacity or in the event of later uncertainty as to whether I am dead or alive.

Any reproduced copy of this signed original shall be deemed to be an original of this Limited Durable Power of Attorney. I reserve the right to amend or revoke this Durable Power of Attorney at any time hereafter, provided, however, or any other party dealing with my Attorney-in-Fact may rely upon this Limited Durable Power of Attorney until receipt by it of a duly executed copy of my revocation thereof.

IN WITNESS WHEREOF we have hereunto set our hand in the County of and State of Michigan, this th day of , .

Signed by:

**State of Michigan**

County of

|  |  |  |  |
| --- | --- | --- | --- |
| The foregoing instrument was acknowledged before me this th day of | , | , | by |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Michigan |  |  |  |
| Acting in | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Michigan |  |  |  |
| My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |
| When Recorded Return To: | Send Subsequent Tax Bills To: |  | Drafted By: |
|  |  | Grantee |  |  |  |
|  |  |  |  |  |  |