



Client Name:	Case No:
Date Received:	
(For office use only)	

**GENERAL DURABLE POWER OF
ATTORNEY
(FINANCES)
QUESTIONN
AIRE 2026**

A Power of Attorney authorizes a representative, called an agent, to make decisions and act on behalf of a principal. The arrangement may be limited to authorizing the individual to handle a single transaction or may give total authority to manage the principal's finances. In Michigan, Powers of Attorney forms require signatures of two (2) subscribing witnesses or a notary public.

GENERAL DURABLE POWER OF ATTORNEY

SECTION A | EXPLANATION AND INSTRUCTIONS

EXPLANATION:

The purpose of this questionnaire is to assist with preparing a General Durable Power of Attorney. Michigan Indian Legal Services can draft many documents including Wills, Funeral Representative Designations, Lady Bird Deeds, and General and Medical Durable Powers of Attorney. We are unable to assist with trusts.

INSTRUCTIONS:

1. Fill out this form. Attach additional sheets if necessary.
2. Return to MILS within two weeks from the date you receive this questionnaire or call our office to inform us if you need longer to complete the questionnaire. Return by email mdedenbach@mils3.org or by mail:

Michigan Indian Legal
Services 814 S. Garfield Ave.
Suite A Traverse City, MI
49686

3. We will return your General Durable Power of Attorney to you. **YOUR POWER OF ATTORNEY IS NOT COMPLETE YET!**
4. You must sign your Power of Attorney in front of two witnesses (which cannot be named as agents,) or you must sign in front of a notary public. A notary public is recommended because some banks may require this.
5. It is recommended you store a copy in a safe location, give a copy to your named agent, and you may want to give copies to financial institutions (for banking) and the Register of Deeds (for real estate.)
6. We will close your case if we are unable to communicate with you or if we do not receive your complete questionnaire.

FREQUENTLY ASKED QUESTIONS:

1. *What is the General Durable Power of Attorney?*

A General Durable Power of Attorney (DPOA) gives an agent power to manage financial affairs for you. Unlike a regular Power of Attorney, the Durable Power of Attorney remains effective if you are incapacitated. You may also want to have a Medical Durable Power of Attorney completed to grant authority to an agent to act in your incapacitation for medical decisions.

2. *What can my Agent do?*

You decide the scope of your Agent's power. You can give your agent authority to do anything you could do, or you can limit that authority to specific transactions. The agent has a fiduciary duty to act in your best interest.

An agent can:

- sign your checks and handle banking
- pay your bills

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- contract for medical or other professional services
- sell your property

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- get insurance for you
- handle your taxes

3. *When is my General Durable Power of Attorney effective?*

You can select to have your DPOA effective immediately, allowing your agent to exercise the powers as soon as the DPOA is executed. You may also have your DPOA effective only when you are legally incapacitated, allowing your agent to only act when you are unable to do so yourself.

4. *What steps are needed to make sure my DPOA is valid and gets used?*

After completing this form, return it to MILS. We will draft a DPOA for you and mail it back. Your DPOA is not valid at that time! You must either sign your DPOA in the presence of two witnesses not named as agents or must sign in front of a notary public. It is recommended you do have the document notarized because some banks require this. After that your DPOA is valid but make sure to distribute it to your agent and others, as well as put a copy in a safe place. Before your agent can act, they must sign an acceptance form.

5. *Who may I choose to name as my Agent?*

You may name any adult over 18 as your agent who is mentally competent. It is recommended you name a successor agent in case your agent is unwilling or unable to act.

6. *Can I cancel the General Durable Power of Attorney?*

You can revoke a DPOA at any time you are competent. You must sign a written document so that your Power of Attorney is revoked. It is recommended this is also done in front of two witnesses or signed in front of a notary public and then distributed to the same people you distributed the original to.

SECTION B | GENERAL INFORMATION

CLIENT INFORMATION

Full Legal Name: (including middle name)	
Address:	
City, State, Zip Code:	
County:	
E-mail Address:	
Last 4 digits of Social Security Number:	XXX-XX-
Date of Birth:	
Phone Number:	

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POWER OF ATTORNEY INFORMATION

Designated Agent	
Full Legal Name: (including middle name)	
Address:	
City, State & Zip Code:	
Date of Birth:	
Phone Number:	
Relationship:	

Successor Agent- Agent if first person is unwilling or unable to serve	
Full Legal Name: (including middle name)	
Address:	
City, State & Zip Code:	
Date of Birth:	
Phone Number:	
Relationship:	

Successor Agent 2- Agent if second person is unwilling or unable to serve	
Full Legal Name: (including middle name)	
Address:	
City, State & Zip Code:	
Date of Birth:	
Phone Number:	

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Relationship:	
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SECTION C | EFFECTIVE DATE

There are two options for the effective date. You may have your General Durable Power of Attorney effective immediately, which allows the Agent to immediately handle your finances. Or you may select to have the General Durable Power of Attorney effective only upon your disability or incapacity as determined by health care providers or those indicated in your form.

Effective Date (pick only one)	
<input type="checkbox"/>	I wish for the Power of Attorney to be effective upon execution.
<input type="checkbox"/>	I wish for the Power of Attorney to be effective upon my disability or incapacity.

SECTION D | AGENT'S POWERS

You can choose what powers your Agent has. Usually if your Power of Attorney will only be effective upon your disability or incapacity, you would grant all rights and powers.

Agent's Powers				
<input type="checkbox"/>	GENERAL- I grant my Agent all powers for finances. This includes the power to make gifts on my behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/>	LIMITED- I grant my Agent all powers EXCEPT:			
	<input type="checkbox"/>	Banking	<input type="checkbox"/>	Make Gifts
	<input type="checkbox"/>	Real Estate Transactions	<input type="checkbox"/>	File Taxes
	<input type="checkbox"/>	Insurance Transactions	<input type="checkbox"/>	Public Benefits
	<input type="checkbox"/>	Other:		
<input type="checkbox"/>	LIMITED- I grant my Agent ONLY THE FOLLOWING powers:			
	<input type="checkbox"/>	Banking	<input type="checkbox"/>	Make Gifts
	<input type="checkbox"/>	Real Estate Transactions	<input type="checkbox"/>	File Taxes
	<input type="checkbox"/>	Insurance Transactions	<input type="checkbox"/>	Public Benefits
	<input type="checkbox"/>	Other:		

SECTION E | ACKNOWLEDGEMENT

Thank you for your time spent completing this form. Please sign and date below to acknowledge that you have completed this to the best of your ability.

Signature:	
Printed Name:	
Date:	