

Planning **FOR** **YOUR PEACE OF MIND**



SCOPE OF PUBLICATION

The information contained within this publication is designed to give individuals a basic introduction into estate planning. It will provide general information on Michigan's Uniform Power of Attorney Act and statutory form, as well as general information and laws pertaining to patient advocate designations, organ donations, and funeral representative designations. This publication will conclude by providing a brief overview of a few common basic types of estate planning documents. Where you see a citation to a MCL section at the end of a sentence in this publication, it indicates the section of the Michigan Compiled Laws that the information was derived from. This publication will not, however, go into detail regarding all of the provisions of law related to the topics covered herein.

This publication will also provide an example of a personal information inventory that may be useful for you in recording information that may be needed in the event of your incapacitation or death.

It is important to note that the determination of which estate planning tools are appropriate for you will be based on your specific needs and goals, including, but not limited to, your assets, your family structure, business interests, tax considerations, desire for probate avoidance, etc. Estate plans are not one-size-fits all. For information pertaining to which type of estate planning documents meet your specific needs, it is recommended that you seek the advice of competent legal counsel. The information in this publication is for general informational purposes only. Nothing in this publication should be taken as legal advice for any individual case or situation.

For additional information or if you need a referral for legal counsel, you may contact:

State Bar of Michigan
Michael Franck Building
306 Townsend Street
Lansing, MI 48933-2012
Main Website: www.michbar.org
Phone: (517) 346-6300
Toll-free: (800) 968-1442

State Bar of Michigan
Legal Resource and Referral Center
lrs.michbar.org
Lawyer Referral Service Phone: (800) 968-0738*

*The Lawyer Referral Service indicates a \$25 fee for a 25 minute consultation. For additional information and services offered by the Michigan Bar you may wish to visit lrs.michbar.org.

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Prepared by the Michigan Legislature

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PERSONAL RECORDS

During the course of your lifetime, you will likely acquire many different types of assets, debts, properties, etc. You may also have personal information that may need to be communicated to a trusted individual. This section of the publication is meant to serve as an example of a personal information inventory for you to record information that may be helpful in the event of your incapacitation or death. This form is just an example of the types of information that may be relevant to your situation and may not be exhaustive.

PERSONAL RECORDS OF

(Your full legal name)

**A RESIDENT OF THE
STATE OF MICHIGAN**

Address _____

Telephone Number _____

Date Last Updated _____

ESTATE PLANNING DOCUMENTS

Do you have estate planning documents? ☐ Yes ☐ No

If yes, where are they kept? _____

Name and address of Attorney/Law Firm if you use one _____

REAL ESTATE

Do you own real estate (for instance, a home, land, or other)? ☐ Yes ☐ No

If yes, provide the following information:

Real Estate #1 _____

(Real estate name and location)

List names and addresses on the title for this real estate _____

Is there a mortgage on the property? ☐ Yes ☐ No

If yes, mortgage company name _____

List names on the mortgage _____

The deed, a copy of the mortgage, survey, title insurance policy,
and closing documents are kept _____

Real estate tax receipts are kept _____

Insurance policies, like fire and liability, are kept _____

Real Estate #2 _____

(Real estate name and location)

List names and addresses on the title for this real estate _____

Is there a mortgage on the property? ☐ Yes ☐ No

If yes, mortgage company name _____

List names on the mortgage _____

The deed, a copy of the mortgage, survey, title insurance policy,
and closing documents are kept _____

Real estate tax receipts are kept _____

Insurance policies, like fire and liability, are kept _____

Additional Notes:

LIFE INSURANCE *(From Any Source)*

Do you have life insurance? ☐ Yes ☐ No

If yes, provide the following information:

Life Insurance Policy #1

Company name and policy number_____

Is the life insurance in trust? ☐ Yes ☐ No

If yes, list the trustee name and contact information_____

List beneficiary(ies) of this policy(ies)_____

Policy(ies) are kept_____

Are there any liabilities secured by this policy(ies)? ☐ Yes ☐ No

If yes, list information_____

Name of your insurance advisor_____

Insurance advisor contact information_____

Life Insurance Policy #2

Company name and policy number_____

Is the life insurance in trust? ☐ Yes ☐ No

If yes, list the trustee name and contact information_____

List beneficiary(ies) of this policy(ies)_____

Policy(ies) are kept_____

Are there any liabilities secured by this policy(ies)? ☐ Yes ☐ No

If yes, list information_____

Name of your insurance advisor_____

Insurance advisor contact information_____

Additional Notes:

HEALTH/ACCIDENT INSURANCE

Do you have health and accident insurance? ☐ Yes ☐ No

If yes, company name and policy number _____

PENSION INFORMATION

Do you have a pension or other retirement program? ☐ Yes ☐ No

If yes, company name and policy number _____

Is there a survivor benefit? ☐ Yes ☐ No

List beneficiary(ies) of this policy(ies) _____

FINANCIAL ACCOUNTS & BANK RECORDS

LIST CHECKING ACCOUNT(S) HERE

Name(s) on this Account (include co owner names)	Name(s) on this Account (include co owner names)
Bank Name	Bank Name
Address	Address
Telephone	Telephone
Account No.	Account No.
Beneficiary	Beneficiary

LIST SAVINGS ACCOUNT(S) HERE

Name(s) on this Account (include co owner names)	Name(s) on this Account (include co owner names)
Bank Name	Bank Name
Address	Address
Telephone	Telephone
Account No.	Account No.
Beneficiary	Beneficiary

Where do you keep bank books, canceled checks, and statements? _____

Additional Notes:

LIST IRA/401K/DEFINED CONTRIBUTION PLAN ACCOUNTS HERE

Name(s) on this Account (include co owner names)	Name(s) on this Account (include co owner names)
Bank/Brokerage Firm Name	Bank/Brokerage Firm Name
Address	Address
Telephone	Telephone
Account No.	Account No.
Beneficiary	Beneficiary

Where do you keep bank books, canceled checks, and statements? _____

Additional Notes:

LIST CERTIFICATES OF DEPOSIT (CDs) HERE

Name(s) on this Account (include co owner names)	Name(s) on this Account (include co owner names)
Bank Name	Bank Name
Address	Address
Telephone	Telephone
Account No.	Account No.
Beneficiary	Beneficiary

Where do you keep bank books, canceled checks, and statements? _____

Additional Notes:

LIST SAFE DEPOSIT BOX INFORMATION HERE

Name(s) on this Account (include co owner names)	Name(s) on this Account (include co owner names)
Bank Name	Bank Name
Address	Address
Telephone	Telephone
Account No.	Account No.
Beneficiary	Beneficiary

Where do you keep bank books, statements, etc.? _____

Additional Notes:

LIST OTHER FINANCIAL ACCOUNTS HERE

Name(s) on this Account (include co owner names)	Name(s) on this Account (include co owner names)
Bank/Brokerage Firm Name	Bank/Brokerage Firm Name
Address	Address
Telephone	Telephone
Account No.	Account No.
Beneficiary	Beneficiary

Where do you keep bank books, canceled checks, and statements? _____

Name and Contact Information of Financial Advisor _____

Additional Notes:

FUNERAL ARRANGEMENTS

Do you own a cemetery plot? ☐ Yes ☐ No

If yes, where is the deed kept? _____

Do you have a pre-paid funeral? ☐ Yes ☐ No

If yes, list the name of the funeral home and where the receipt is kept _____

IF YOU ARE SELF-EMPLOYED

The business name and address _____

What is the corporate structure of the business? _____

Where are copies of business agreements and other related documents located? _____

For advice as to handling or disposition of this business, consult _____

Address and other contact information _____

IF YOU ARE NOT SELF-EMPLOYED

Your employer and employer contact information _____

Name and phone number of noted emergency contact _____

OTHER MATTERS

List all personal creditors or debtors here _____

Copies of notes, loan agreements, and receipts are kept _____

Income tax records and supporting data are kept _____

Credit card records are kept _____

A list of the accounts that have a death benefit payoff is kept _____

Your tax advisor's name and contact information _____

Additional Notes:

MEDICAL & PRESCRIPTION RECORDS

MEDICAL INFORMATION

List all allergies and drug sensitivities here _____

Blood type _____

Medical conditions _____

LIST YOUR HEALTH CARE PROVIDERS

Doctor Name #1	Specialty
Address	Telephone

Doctor Name #2	Specialty
Address	Telephone

Doctor Name #3	Specialty
Address	Telephone

HOSPITAL

Preferred Hospital
Address
Phone

HOSPITAL

Preferred Hospital
Address
Phone

DENTIST

Dentist Name
Address
Phone

DENTIST

Dentist Name
Address
Phone

LIST ALL MEDICATIONS YOU CURRENTLY TAKE

Drug Name #1	Date Prescribed
Doctor's Name	Prescribed for What?
Color/Shape/Strength	Kept Where?
Directions/Cautions	

Drug Name #2	Date Prescribed
Doctor's Name	Prescribed for What?
Color/Shape/Strength	Kept Where?
Directions/Cautions	

Drug Name #3	Date Prescribed
Doctor's Name	Prescribed for What?
Color/Shape/Strength	Kept Where?
Directions/Cautions	

Drug Name #4	Date Prescribed
Doctor's Name	Prescribed for What?
Color/Shape/Strength	Kept Where?
Directions/Cautions	

Drug Name #5	Date Prescribed
Doctor's Name	Prescribed for What?
Color/Shape/Strength	Kept Where?
Directions/Cautions	

Drug Name #6	Date Prescribed
Doctor's Name	Prescribed for What?
Color/Shape/Strength	Kept Where?
Directions/Cautions	

Drug Name #7	Date Prescribed
Doctor's Name	Prescribed for What?
Color/Shape/Strength	Kept Where?
Directions/Cautions	

POWER OF ATTORNEY

A power of attorney is a common type of estate planning document that gives someone else the power to act on your behalf. A power of attorney can be useful in many different types of situations, including but not limited to, if an individual is deployed overseas or if they become incapacitated due to an accident. This section of the publication is intended to give general information regarding powers of attorney, as well as the statutory form. This section will not, however, go into detail regarding all the provisions of law related to powers of attorney. If you are contemplating preparing a power of attorney, it is recommended that you seek competent legal counsel.

UNIFORM POWER OF ATTORNEY ACT

In 2023, the Michigan Legislature passed Public Act 187 of 2023, titled the [Uniform Power of Attorney Act](#). The provisions of the act went into effect on July 1, 2024.

This act repealed Michigan's statutory law on durable powers of attorney, specifically MCL §§ 700.5501-700.5505 of the Michigan Estates and Protected Individuals Code. The Uniform Power of Attorney Act (UPOAA) is a stand-alone statute located at [MCL 556.201 – 556.505](#). Powers of attorney executed in Michigan before July 1, 2024, will remain valid so long as they complied with the laws of Michigan that existed at the time they were executed. [MCL 556.206\(1\)](#).

Under the UPOAA, a "power of attorney" is defined to mean "a written record that grants authority to an agent to act in 1 or more matters on behalf of the principal, whether or not the term power of attorney is used." [MCL 556.202\(l\)](#). Powers of attorney that are created on or after July 1, 2024, and are executed in accordance with the requirements of the UPOAA are presumed to be durable, unless the document expressly provides otherwise. [MCL 556.204](#). Durable means that the granting of authority is not terminated by the principal's incapacity. Powers of attorney may also be non-durable (meaning they are only effective when the principal is capable of making his or her own decisions), springing (meaning the power of attorney becomes effective when a specific condition, such as the principal's incapacity, is met), or limited (meaning that the power of attorney grants an agent with authority for a specific task). [MCL 556.209](#). Which type of power of attorney is most appropriate for an individual depends on that individual's specific situation. It may be beneficial to consult with legal counsel to determine which document is best for you.

[MCL 556.205](#) outlines the requirements that must be met in order for a power of attorney to be effective. This includes a requirement that the document be signed by either you or in your conscious presence by an individual that you have directed to sign your name. In order for a power of attorney to be durable, it must be either 1) acknowledged by you in front of a notary or 2) be signed in the presence of two witnesses, both of whom also sign the power of attorney. A witness may not be the agent nominated in the power or attorney.

[Article 2](#) of the UPOAA provides the law pertaining to the authority of an agent under a power of attorney. The power of attorney may grant the agent general authority to do all acts that the principal could do. However, there are certain powers that may only be given through express grants of authority. A power of attorney may also be more limited and only give the agent specific powers.

In the event that you become incapacitated without a valid durable power of attorney in place, the probate court may be asked to appoint a conservator or a guardian to make decisions for you. It is important to note that the UPOAA does not apply to patient advocate designations, which will be discussed in the next section of this publication.

With the passage of the UPOAA in 2023, a statutory power of attorney form was also created. A document substantially in the form provided by [MCL 556.401](#) may be used to create a statutory form power of attorney that has the meaning and effect prescribed by the UPOAA. You are encouraged to consult with legal counsel regarding the utilization of this form. Below you will find the statutory power of attorney form that is provided in [MCL 556.401](#).

STATUTORY FORM POWER OF ATTORNEY

MICHIGAN
STATUTORY FORM POWER OF ATTORNEY
IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). It is, therefore, an important legal document, and you are taking a serious step if you decide to make use of this form without seeking legal advice; for if the person you designate as your agent accepts authority granted under this power of attorney, the agent will be able to make decisions and act with respect to your property (including your money). The extent of your agent's authority over subjects listed on this form is explained in the uniform power of attorney act, MCL 556.201 to 556.505.

This power of attorney does not authorize the agent to make health care decisions for you and it does not authorize the agent to exercise powers you have as a parent or guardian regarding care, custody, or property of a minor child or ward.

You should select someone you trust to serve as your agent and you should ask yourself as you review each section of this form, whether you have chosen the right person(s) to act in that capacity. If your signature on this form is notarized or witnessed as provided below, then unless you specify otherwise, the agent's authority will generally continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of an agent and successor agent(s) who serve one at a time, as opposed to coagents who serve simultaneously. If you wish to name coagents, you may do so in the Special Instructions. Coagents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions. And unless you state otherwise in the Special Instructions, this power of attorney does not revoke any other power of attorney you may have created.

If you have questions about the power of attorney or the authority it grants to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I _____ name

(Name of Principal)

the following person as my agent:

Name of Agent: _____

Agent's Address: _____

Agent's Telephone Number: _____

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: _____

Successor Agent's Address: _____

Successor Agent's Telephone Number: _____

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: _____

Second Successor Agent's Address: _____

Second Successor Agent's Telephone Number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the uniform power of attorney act, MCL 556.201 to 556.505:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects, you may simply initial "All Preceding Subjects.")

(___) Real Property

(___) Tangible Personal Property

(___) Stocks and Bonds

(___) Commodities and Options

(___) Banks and Other Financial Institutions

- ☐ Operation of Entity or Business
- ☐ Insurance and Annuities
- ☐ Estates, Trusts, and Other Beneficial Interests
- ☐ Claims and Litigation
- ☐ Personal and Family Maintenance
- ☐ Benefits from Governmental Programs or Civil or Military Service
- ☐ Retirement Plans
- ☐ Taxes
- ☐ All Preceding Subjects (regardless of whether any of the preceding subjects are initialed)

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

CAUTION! Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. Furthermore, depending on the amount in one or more of the accounts mentioned in the last item listed below (which refers to 31 CFR 1010.350), granting that particular power may subject your agent to burdensome federal reporting obligations that are subject to stiff penalties. INITIAL ONLY the specific authority you WANT to give your agent. If you have questions about the wisdom of granting any specific authority to your agent, you should seek legal advice before signing this form. If you are inclined to grant specific authority but doubt the wisdom of granting that authority to a particular person you have designated as your agent or successor agent, you should ask yourself whether you have designated the right person(s).

- ☐ Create, amend, revoke, or terminate an inter vivos trust
- ☐ Make a gift as limited by section 217 of the uniform power of attorney act, MCL 556.317, and any special instructions in this power of attorney
- ☐ Create or change rights of survivorship by, for example, creating a joint account
- ☐ Create or change a beneficiary designation
- ☐ Authorize another person to exercise the authority granted under this power of attorney

- () Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- () Exercise fiduciary powers that the principal has authority to delegate
- () Access the content of electronic communications
- () Exercise authority over any "bank, securities, or other financial account in a foreign country" within the meaning of 31 CFR 1010.350

LIMITATION ON AGENT'S AUTHORITY

Even if I have authorized my agent to make a gift (by initialing the relevant line above), an agent who is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines.

CAUTION! Special instructions are liable to cause ambiguities that may impair the effectiveness of this power of attorney. You are taking a solemn step if you decide to make any use of this form without seeking legal advice; you should be especially wary of providing special instructions without the benefit of legal counsel.

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

EFFECT ON PREVIOUS POWERS OF ATTORNEY

Unless I have said otherwise in the Special Instructions, the execution of this power of attorney does not revoke any prior power of attorney.

NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a conservator or guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of Nominee for Conservator or Guardian of My Estate _____

Nominee's Address: _____

Nominee's Telephone Number: _____

Name of Nominee for Guardian of My Person: _____

Nominee's Address: _____

Nominee's Telephone Number: _____

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows that the power has terminated or is invalid.

SIGNATURE OF PRINCIPAL, SIGNATURES OF WITNESSES, & ACKNOWLEDGMENT

CAUTION! Unless you provide otherwise in the Special Instructions, this form will create a "durable" power of attorney if you sign it either before a notary public (or other individual authorized to take acknowledgments) or in the presence of two witnesses neither of whom is designated as your agent or successor agent, both of whom sign below (and one of whom may be the notary public or other individual authorized by law to take acknowledgments who also signs below in his or her official capacity). The power's being "durable" means that unless the power is revoked or the agent's authority is otherwise terminated beforehand, your agent's authority will continue during any period in which you are alive but incapacitated. If you have questions about the wisdom of making this power durable, you should seek legal advice before signing this form.

CAUTION! You have an important motivation to acknowledge your signature before a notary public (or other individual authorized to take acknowledgments) regardless of the question of

durability (described above): doing so will make it harder, under section 120 of the uniform power of attorney act, MCL 556.220, for someone to whom the power is presented to decline to accept the power and your agent's authority to act on your behalf.

Your Signature

Date

Your Name Printed

Your Address

Your Telephone Number

Witness No. 1's Signature Date

Witness No. 2's Signature Date

Witness No. 1's Name Printed

Witness No. 2's Name Printed

Witness No. 1's Address

Witness No. 2's Address

State of _____

[County] of _____

This document was acknowledged before me on _____

(Date)

by _____.

(Name of Principal)

(Seal, if any)

Signature of Notary _____

My commission expires: _____

This document prepared by:

IMPORTANT INFORMATION FOR AGENT**AGENT'S DUTIES**

When you accept authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power or your authority under it is terminated by a termination event described in the uniform power of attorney act, MCL 556.201 to 556.505. You must:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) Act in good faith;
- (3) Do nothing beyond the authority granted in this power of attorney;
- (4) Keep a record of receipts, disbursements, and transactions made on behalf of the principal;
- (5) Disclose your identity as an agent whenever you act for the principal by, for example, writing or printing the name of the principal and signing your own name as "agent" in the following manner:
(Principal's Name) by (Your Signature) as Agent;
- (6) And if the power is "durable" in the sense described below, you must, before acting as agent under the power, sign an acknowledgment of your duties as agent that contains all the declarations contained in the optional template "Agent's Acknowledgment" provided in section 302 of the uniform power of attorney act, MCL 556.402, in substantially the form of that optional template.

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) Act loyally for the principal's benefit;
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) Act with care, competence, and diligence;
- (4) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects concerning health care or, if you do not know the principal's expectations, to act in the principal's best interest; and
- (5) Attempt, to the extent of the powers you have been granted as agent, to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under it. Events that terminate a power of attorney or your authority to act under such a power include:

- (1) Death of the principal;
- (2) The principal's revocation of the power of attorney or your authority;
- (3) The occurrence of a termination event stated in the power;
- (4) If the power is intended only for a specified, limited purpose, the specified purpose of the power is fully accomplished; or
- (5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

STATUTORY DUTY TO ACKNOWLEDGE AGENT'S DUTIES UNDER "DURABLE" POWER

Unless the Special Instructions in this power of attorney state otherwise, this form will create a "durable" power of attorney (meaning that unless the power is revoked or your authority is otherwise terminated beforehand, your authority as agent will continue during any period in which the principal is alive but incapacitated) if the principal signs it either before a notary public (or other individual authorized to take acknowledgments) or in the presence of two witnesses neither of whom is designated as the principal's agent or successor agent and both of whom also sign the form. If this power of attorney is durable, then before you act as agent under the power, you must execute an acknowledgment of your duties as agent that contains all the declarations contained in the optional template "Agent's Acknowledgment" provided in section 302 of the uniform power of attorney act, MCL 556.402, in substantially the form of that optional template.

LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the uniform power of attorney act, MCL 556.201 to 556.505. If you violate that act or the terms of this power, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties under it that you do not understand, you should seek legal advice.

An individual who is appointed by a principal to act as their agent under a power of attorney is also required to complete an agent's acknowledgment. Simply put, this form acts as an official acknowledgment on the part of the agent of their duties to the principal under the terms of the power of attorney. The UPOAA also provides an optional template for the agent's acknowledgment. [MCL 556.402](#).

AGENT'S ACKNOWLEDGMENT

I, _____, have been appointed agent for _____
(Your Name), the principal _____ (Name of Principal), under a durable
power of attorney dated _____. By signing this document, I acknowledge that if
and when I act as agent under the power, all of the following apply:

MY DUTIES AS AGENT

I must:

1. Do what I know the principal reasonably expects me to do with the principal's property or, if I do not know the principal's expectations, act in the principal's best interest.
2. Act in good faith.
3. Do nothing beyond the authority granted in the durable power of attorney.
4. Keep reasonable records of receipts, disbursements, and transactions I make on behalf of the principal.
5. Disclose my identity as an agent whenever I act for the principal by writing or printing the principal's name and signing my own name as "agent".
6. And depending on the terms of the power of attorney, I may have additional duties described in section 114 of the uniform power of attorney act, MCL 556.201 to 556.505, including the presumptive duties to act loyally for the principal's benefit, avoid conflicts of interest that would make it hard for me to act in the principal's best interest, and act with care, competence, and diligence.

POWERS REQUIRING SPECIFIC AUTHORITY

Unless specifically provided in the durable power of attorney or by judicial order, I cannot do any of the following:

1. Create, amend, revoke, or terminate an inter vivos trust.
2. Make a gift of the principal's property to someone else, let alone to myself.
3. Create or change rights of survivorship by, for example, creating a joint account.
4. Create or change a beneficiary designation.
5. Delegate authority granted under the durable power of attorney.

6. Exercise fiduciary powers that the principal has authority to delegate.
7. Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.
8. Exercise authority over the content of electronic communications, as defined in 18 USC 2510, sent or received by the principal.
9. Exercise authority over any bank, securities, or other financial account in a foreign country within the meaning of 31 CFR 1010.350.

TERMINATION OF MY AUTHORITY

I must stop acting on behalf of the principal if I learn of any event that terminates the durable power of attorney or my authority under the power, including the death of the principal or the principal's revocation of either the power or my authority to act under it.

MY POTENTIAL LIABILITY AS AGENT

If I violate the uniform power of attorney act, MCL 556.201 to 556.505, or act outside the authority granted in the durable power, I may be liable to the principal or the principal's successors for damages caused by my violation and to civil or criminal penalties. An exoneration clause in the power (if any) does not relieve me of liability for acts or omissions committed in bad faith or, in some cases, for acts or omissions committed with reckless indifference to the purposes of the power of attorney or the interests of the principal.

Signature:_____

Date:_____

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

***PATIENT ADVOCATE
DESIGNATION:
MICHIGAN'S
PATIENT
ADVOCATE LAW***

In Michigan, a patient advocate designation is a legal document that allows you to appoint another person, known as a patient advocate, to make medical and mental health care decisions on your behalf if you were to become unable to do so. If you become unable to make your own medical or mental health care decisions and do not have a patient advocate designation, the probate court may be asked to appoint a guardian to make decisions for your care, custody, and medical treatment.

There is no statutory form in Michigan for a patient advocate designation and you are encouraged to speak to a lawyer to help you prepare this document. This section of the publication is intended to give general information regarding patient advocate designations and will not go into detail regarding all of the provisions of law governing patient advocate designations.

In Michigan, patient advocate designations are governed under the Estates and Protected Individuals Code (EPIC). Under Michigan law, a “patient advocate” is defined to mean “an individual designated to exercise powers concerning another individual’s care, custody, and medical or mental health treatment or authorized to make an anatomical gift on behalf of another individual, or both....” [MCL 700.1106\(I\)](#). Anyone 18 years of age or older and of sound mind at the time the patient advocate designation is made, may designate another person 18 years of age or older to exercise powers concerning their care, custody, and medical or mental health treatment decisions. [MCL 700.5506](#). In this document, the person making the patient advocate designation, referred to as the patient, may give the patient advocate the authority to make an anatomical gift of all or part of the individual’s body. [MCL 700.5506](#).

A patient advocate designation must be in writing, signed, dated, witnessed by two people, and executed voluntarily. The witnesses cannot be your spouse, parent, child, grandchild, sibling, presumptive heir, known devisee, physician, patient advocate, or an employee of a life or health insurance provider for the patient, of a health facility that is treating the patient, or of a home for the aged where the patient resides, or of a community mental health services program or hospital that is providing mental health services. [MCL 700.5506](#).

A patient advocate designation may include statements regarding the patient’s desires regarding their care, custody, and medical and mental health treatment. [MCL 700.5507](#). The patient advocate designation may also include a statement of the patient’s desires to make an anatomical gift of the patient’s body. Instructions on how the patient advocate is to make decisions regarding your care may also be included in the patient advocate designation, and the patient advocate designation can name a successor individual as patient advocate if the first individual named is unwilling or unable to act. [MCL 700.5507\(2\)](#) & [\(3\)](#).

Before the patient advocate designation may be implemented, a copy of the patient advocate designation must be given to the proposed patient advocate, and the proposed patient advocate must sign an acceptance of the patient advocate designation. [MCL 700.5507\(4\)](#). Under [MCL 700.5507\(5\)](#), the acceptance that the patient advocate signs must include certain statements, which include all of the following:

1. This patient advocate designation is not effective unless the patient is unable to participate in decisions regarding the patient's medical or mental health, as applicable. If this patient advocate designation includes the authority to make an anatomical gift as described in section 5506, the authority remains exercisable after the patient's death.
2. A patient advocate shall not exercise powers concerning the patient's care, custody, and medical or mental health treatment that the patient, if the patient were able to participate in the decision, could not have exercised on the patient's own behalf.
3. This patient advocate designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient's death.
4. A patient advocate may make a decision to withhold or withdraw treatment that would allow a patient to die only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient's death.
5. A patient advocate shall not receive compensation for the performance of the patient advocate's authority, rights, and responsibilities, but a patient advocate may be reimbursed for actual and necessary expenses incurred in the performance of the patient advocate's authority, rights, and responsibilities.
6. A patient advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the patient and shall act consistent with the patient's best interests. The known desires of the patient expressed or evidenced while the patient is able to participate in medical or mental health treatment decisions are presumed to be in the patient's best interests.
7. A patient may revoke the patient's patient advocate designation at any time and in any manner sufficient to communicate an intent to revoke.
8. A patient may waive the patient's right to revoke the patient advocate designation as to the power to make mental health treatment decisions, and if the waiver is made, the patient's ability to revoke as to certain treatment will be delayed for 30 days after the patient communicates the patient's intent to revoke.

9. A patient advocate may revoke the patient advocate's acceptance of the patient advocate designation at any time and in any manner sufficient to communicate an intent to revoke.
10. A patient admitted to a health facility or agency has the rights enumerated in section 20201 of the public health code, 1978 PA 368, MCL 333.20201.

A patient advocate may only exercise their authority when you are unable to participate in medical or mental health treatment decisions, as determined by your attending physician and another physician or licensed psychologist. [MCL 700.5508\(1\)](#). If a dispute arises regarding your ability to participate in medical or mental health decisions, a petition may be filed with the court requesting a court determination as to whether you are able to participate.

[MCL 700.5508\(2\)](#).

Under Michigan law, a patient advocate has the following authority, rights, responsibilities, and limitations:

- (1) An individual designated as a patient advocate has the following authority, rights, responsibilities, and limitations:
 - (a) A patient advocate shall act in accordance with the standards of care applicable to fiduciaries in exercising his or her powers.
 - (b) A patient advocate shall take reasonable steps to follow the desires, instructions, or guidelines given by the patient while the patient was able to participate in decisions regarding care, custody, medical treatment, or mental health treatment, as applicable, whether given orally or as written in the designation.
 - (c) A patient advocate shall not exercise powers concerning the patient's care, custody, and medical or mental health treatment that the patient, if the patient were able to participate in the decision, could not have exercised on his or her own behalf.
 - (d) The designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient's death.
 - (e) A patient advocate may make a decision to withhold or withdraw treatment that would allow a patient to die only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient's death.
 - (f) A patient advocate may choose to have the patient placed under hospice care.
 - (g) A patient advocate under this section shall not delegate his or her powers to another individual without prior authorization by the patient.
 - (h) With regard to mental health treatment decisions, the patient advocate shall only consent to the forced administration of medication or to inpatient hospitalization, other than

hospitalization as a formal voluntary patient under section 415 of the mental health code, 1974 PA 258, MCL 330.1415, if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to consent to that treatment. If a patient is hospitalized as a formal voluntary patient under an application executed by his or her patient advocate, the patient retains the right to terminate the hospitalization under section 419 of the mental health code, 1974 PA 258, MCL 330.1419.

- (2) A patient advocate designation is suspended when the patient regains the ability to participate in decisions regarding medical treatment or mental health treatment, as applicable. The suspension is effective as long as the patient is able to participate in those decisions. If the patient subsequently is determined under section 5508 or 5515 to be unable to participate in decisions regarding medical treatment or mental health treatment, as applicable, the patient advocate's authority, rights, responsibilities, and limitations are again effective.

[MCL 700.5509.](#)

You may revoke your patient advocate designation at any time and in any manner by which you are able to communicate your intent to revoke the patient advocate designation.

[MCL 700.5510\(1\)\(d\).](#) You may also revoke your patient advocate designation by a subsequent patient advocate designation that revokes the prior patient advocate designation either expressly or by inconsistency. [MCL 700.5510\(1\)\(e\).](#) You may waive your right to revoke a patient advocate designation as to the power to exercise mental health treatment decisions by making the waiver a part of the document containing the designation; however, treatment under this waiver cannot continue for more than 30 consecutive days and the waiver does not affect your rights under the Mental Health Code. [MCL 700.5515.](#)

ORGAN DONATION

Organ donation is a process that allows a person to donate their organs, tissues, or eyes after they have died or, in some cases, while they are still alive. Organ donation is entirely optional. If you are interested in becoming an organ donor, there are multiple ways that you can make this desire known. This section is intended only to give general information regarding organ donation and will not go into detail regarding all of the provisions of law pertaining to organ donation. If you have questions about organ donation you may wish to contact or visit your local Secretary of State office.

You may make an anatomical gift of all or part of your body after your death under the Public Health Code's Revised Uniform Anatomical Gift Law ([1978 PA 368](#); [MCL 333.10101 et seq.](#)). Under this law, you may become a donor by registering with the Michigan Organ Donor Registry. [MCL 333.10105\(1\)\(a\)](#). The Michigan Organ Donor Registry is a confidential database and is maintained by the Department of State. The registry will contain your name, address, and date of birth. According to the Michigan Department of State, Gift of Life Michigan, which is the state's authorized organ recovery organization, may access the database to assist hospitals with transplants. You can register with the Secretary of State online, by mail, at Secretary of State self-service station, or by visiting a local Secretary of State office. Once you enroll, you will receive a heart sticker for your driver's license or state identification card. Your name will stay on the organ donor registry unless you ask to have it removed. You can find more information regarding organ donation at the Department of State website <https://www.michigan.gov/sos/resources/initiatives/organ-donation>.

You may also indicate your wishes to be an organ donor in a will. [MCL 333.10105\(1\)\(b\)](#). Under Michigan law, an anatomical gift made by a will takes effect upon the donor's death regardless of whether the will is probated, and invalidation of the will after the donor's death does not invalidate the anatomical gift. [MCL 333.10105\(4\)](#).

If you are terminally ill or have a terminal injury, you may make an anatomical gift by any form of communication addressed to at least two adults, at least one of whom is a disinterested witness. [MCL 333.10105\(1\)\(c\)](#).

You may also make an anatomical gift by completing and filing a donor registry schedule with your state income tax return. [MCL 333.10105\(1\)\(e\)](#). The Organ Donor Registry Schedule is on Michigan Department of Treasury Form 4642.

An anatomical gift can also be made by a donor card or other record signed by the donor making the gift. [MCL 333.10105\(2\)](#).

If you change your mind out making an anatomical gift, you may amend or revoke an anatomical gift. [MCL 333.10106](#).

You may also refuse to make an anatomical gift of your body or body parts by signing a record indicating such a refusal, by including the refusal in your will, or by any form of communication you make during a terminal illness or injury to at least two individuals – one of whom is disinterested. [MCL 333.10107](#). Your refusal to make an anatomical gift bars all other persons from making an anatomical gift of your body or body parts. [MCL 333.10107\(4\)](#).

FUNERAL REPRESENTATIVE DESIGNATIONS

A funeral representative is a person that has the authority to make decisions about your funeral arrangements and the handling, disposition, or internment of your body after you die. They are provided for in [MCL 700.3206](#). Anyone 18 years or older and of sound mind may designate another individual who is 18 year or older and of sound mind to be their funeral representative. [MCL 700.3206](#). The funeral representative designation must be in writing, dated, and signed voluntarily. A funeral representative designation may be included in your will, patient advocate designation, or other writing. [MCL 700.3206\(2\)\(b\)](#). The funeral representative designation must be signed in the presence of and signed by two witnesses, or acknowledged before a notary, or both. [MCL 700.3206\(2\)\(b\)](#). The funeral representative cannot be an individual who provided nursing care or medical treatment to you immediately before death or be affiliated with a funeral establishment that will provide services to you, a crematory that will provide cremation services to you, or a cemetery where you will be buried or entombed unless that individual is your surviving spouse or relative. [MCL 700.3206\(2\)\(c\)](#). You may also designate a successor individual as a funeral representative if the first individual named as funeral representative does not or cannot act. [MCL 700.3206a](#). You may also revoke your funeral representative designation. [MCL 700.3206b](#).

If you do not designate a funeral representative, your surviving spouse will have the right to make decisions about your funeral arrangements and the handling, disposition, or internment of your body after you die. If you do not have a surviving spouse, then the following individuals 18 years or older will have these rights in the following order of priority: 1) your children; 2) your grandchildren; 3) your parents; 4) your grandparents; 5) your siblings; 6) a descendant of your parents who first notifies the funeral establishment of his or her decision to exercise the right; 7) a descendant of your grandparents who first notifies the funeral establishment of his or her decision to exercise the right. [MCL 700.3206\(3\)](#). If two or more people share the rights, the rights and powers must be exercised as decided by the majority of the group. [MCL 700.3206\(5\)](#). If you have not designated a funeral representative and no one under the above priority schedule exists, then the rights and powers can be exercised by your personal representative or if you are under a guardianship at the time of your death, the guardian may exercise the rights. [MCL 700.3206\(6\)](#) & [\(7\)](#).

OVERVIEW OF A FEW BASIC ESTATE PLANNING DOCUMENTS

Choosing the estate planning documents that are appropriate for you is something only you can decide and is unique to each individual's goals and circumstances. A few of the most basic types of estate planning documents include, but are not limited to, wills, revocable living trusts, and beneficiary designations. This section will provide general information regarding a few common types of estate planning documents that you might hear discussed in a consultation with an attorney. This information is not exhaustive and will not cover all of the information necessary for you to know when preparing your estate plan. This section will not go into detail regarding all of the provisions of law governing the varying estate planning documents. You are encouraged to seek the advice of competent legal counsel to determine which estate planning documents are appropriate for you.

WILLS

A will is a legal document that allows you to make decisions regarding how your probate estate will be distributed after your death. Wills are also used to designate guardians of minor children after your death. A will may be executed by anyone who is 18 years of age or older and has sufficient mental capacity to make a will. [MCL 700.2501](#). In general, a will is valid if it is in writing, signed by you, and signed by a least two witnesses. [MCL 700.2502](#). Wills are administered through the probate courts. [MCL 700.3101 et seq.](#)

Michigan statute provides a will form, which can be found in [MCL 700.2519](#). Anyone printing and distributing the Michigan statutory will is required to print and distribute the form verbatim as it appears in the statute and the notice provisions must be printed in 10-point boldfaced type. [MCL 700.2519\(1\)](#).

Whether this form is appropriate for you is a decision best made in consultation with an attorney. The statutory form is as follows:

700.2519 Statutory will.

Sec. 2519.

(1) A will executed in the form prescribed by subsection (2) and otherwise in compliance with the terms of the Michigan statutory will form is a valid will. A person printing and distributing the Michigan statutory will shall print and distribute the form verbatim as it appears in subsection (2). The notice provisions must be printed in 10-point boldfaced type.

(2) The form of the Michigan statutory will is as follows:

MICHIGAN STATUTORY WILL NOTICE

1. An individual age 18 or older who has sufficient mental capacity may make a will.
2. There are several kinds of wills. If you choose to complete this form, you will have a Michigan statutory will. If this will does not meet your wishes in any way, you should talk with a lawyer before choosing a Michigan statutory will.
3. **Warning!** It is strongly recommended that you do not add or cross out any words on this form except for filling in the blanks because all or part of this will may not be valid if you do so.
4. This will has no effect on jointly held assets, on retirement plan benefits, or on life insurance on your life if you have named a beneficiary who survives you.
5. This will is not designed to reduce estate taxes.
6. This will treats adopted children and children born outside of wedlock who would inherit if their parent died without a will the same way as children born or conceived during marriage.
7. You should keep this will in your safe deposit box or other safe place. By paying a small fee, you may file this will in your county's probate court for safekeeping. You should tell your family where the will is kept.
8. You may make and sign a new will at any time. If you marry or divorce after you sign this will, you should make and sign a new will.

INSTRUCTIONS:

1. To have a Michigan statutory will, you must complete the blanks on the will form. You may do this yourself, or direct someone to do it for you. You must either sign the will or direct someone else to sign it in your name and in your presence.
2. Read the entire Michigan statutory will carefully before you begin filling in the blanks. If there is anything you do not understand, you should ask a lawyer to explain it to you.

MICHIGAN STATUTORY WILL OF _____

(Print or type your full name)

ARTICLE 1. DECLARATIONS

This is my will and I revoke any prior wills and codicils. I live in _____ County, Michigan.

My spouse is _____.
(Insert spouse's name or write "none")

My children now living are:

(Insert names or write "none")

ARTICLE 2. DISPOSITION OF MY ASSETS

2.1 CASH GIFTS TO PERSONS OR CHARITIES.

(Optional)

I can leave no more than 2 cash gifts. I make the following cash gifts to the persons or charities in the amount stated here. Any transfer tax due upon my death shall be paid from the balance of my estate and not from these gifts. Full name and address of person or charity to receive cash gift (name only 1 person or charity here):

(Insert name of person or charity)

(Insert address)

AMOUNT OF GIFT (In figures): \$ _____

AMOUNT OF GIFT (In words): _____ Dollars

(Your signature)

Full name and address of person or charity to receive cash gift
(Name only 1 person or charity):

(Insert name of person or charity)

(Insert address)

AMOUNT OF GIFT (In figures): \$ _____

AMOUNT OF GIFT (In words): _____ Dollars

(Your signature)

2.2 PERSONAL AND HOUSEHOLD ITEMS.

I may leave a separate list or statement, either in my handwriting or signed by me at the end, regarding gifts of specific books, jewelry, clothing, automobiles, furniture, and other personal and household items.

I give my spouse all my books, jewelry, clothing, automobiles, furniture, and other personal and household items not included on such a separate list or statement. If I am not married at the time I sign this will or if my spouse dies before me, my personal representative shall distribute those items, as equally as possible, among my children who survive me. If no children survive me, these items shall be distributed as set forth in paragraph 2.3.

2.3 ALL OTHER ASSETS.

I give everything else I own to my spouse. If I am not married at the time I sign this will or if my spouse dies before me, I give these assets to my children and the descendants of any deceased child. If no spouse, children, or descendants of children survive me, I choose 1 of the following distribution clauses by signing my name on the line after that clause. If I sign on both lines, if I fail to sign on either line, or if I am not now married, these assets will go under distribution clause (b).

Distribution clause, if no spouse, children, or descendants of children survive me.

(Select only 1)

(a) One-half to be distributed to my heirs as if I did not have a will, and one-half to be distributed to my spouse's heirs as if my spouse had died just after me without a will.

(Your signature)

(b) All to be distributed to my heirs as if I did not have a will.

(Your signature)

ARTICLE 3. NOMINATIONS OF PERSONAL REPRESENTATIVE, GUARDIAN, AND CONSERVATOR

Personal representatives, guardians, and conservators have a great deal of responsibility. The role of a personal representative is to collect your assets, pay debts and taxes from those assets, and distribute the remaining assets as directed in the will. A guardian is a person who will look after the physical well-being of a child. A conservator is a person who will manage a child's assets and make payments from those assets for the child's benefit. Select them carefully. Also, before you select them, ask them whether they are willing and able to serve.

3.1 PERSONAL REPRESENTATIVE. (Name at least 1)

I nominate _____
(Insert name of person or eligible financial institution)

of _____ to serve as personal representative.

(Insert address)

If my first choice does not serve, I nominate _____

(Insert name of person or eligible financial institution)

of _____ to serve as personal representative.

(Insert address)

3.2 GUARDIAN AND CONSERVATOR.

Your spouse may die before you. Therefore, if you have a child under age 18, name an individual as guardian of the child, and an individual or eligible financial institution as conservator of the child's assets. The guardian and the conservator may, but need not be, the same person.

If a guardian or conservator is needed for a child of mine, I nominate _____

(Insert name of individual)

of _____ as guardian and

(Insert address)

(Insert name of individual or eligible financial institution)

of _____ to serve as conservator.

(Insert address)

If my first choice cannot serve, I nominate _____

(Insert name of individual)

of _____ as guardian and

(Insert address)

(Insert name of individual or eligible financial institution)

of _____ to serve as conservator.

(Insert address)

3.3 BOND.

A bond is a form of insurance in case your personal representative or a conservator performs improperly and jeopardizes your assets. A bond is not required. You may choose whether you wish to require your personal representative and any conservator to serve with or without bond. Bond premiums would be paid out of your assets. (Select only 1)

(a) My personal representative and any conservator I have named shall serve with bond.

(Your signature)

(b) My personal representative and any conservator I have named shall serve without bond.

(Your signature)

3.4 DEFINITIONS AND ADDITIONAL CLAUSES.

Definitions and additional clauses found at the end of this form are part of this will.

I sign my name to this Michigan statutory will on _____, 20____.

(Your signature)

NOTICE REGARDING WITNESSES

You must use 2 adults as witnesses. It is preferable to have 3 adult witnesses. All the witnesses must observe you sign the will, have you tell them you signed the will, or have you tell them the will was signed at your direction in your presence.

STATEMENT OF WITNESSES

We sign below as witnesses, declaring that the individual who is making this will appears to have sufficient mental capacity to make this will and appears to be making this will freely, without duress, fraud, or undue influence, and that the individual making this will acknowledges that the individual has read the will, or has had it read to the individual, and understands the contents of this will.

(Print Name)

(Signature of witness)

(Address)

(City) (State) (Zip)

(Print name)

(Signature of witness)

(Address)

(City) (State) (Zip)

(Print name)

(Signature of witness)

(Address)

(City) (State) (Zip)

DEFINITIONS

The following definitions and rules of construction apply to this Michigan statutory will:

(a) "Assets" means all types of property you can own, such as real estate, stocks and bonds, bank accounts, business interests, furniture, and automobiles.

(b) "Descendants" means your children, grandchildren, and their descendants.

(c) "Descendants" or "children" includes individuals born or conceived during marriage, individuals legally adopted, and individuals born out of wedlock who would inherit if their parent died without a will.

(d) "Jointly held assets" means those assets to which ownership is transferred automatically upon the death of 1 of the owners to the remaining owner or owners.

(e) "Spouse" means your spouse at the time you sign this will.

(f) Whenever a distribution under a Michigan statutory will is to be made to an individual's descendants, the assets are to be divided into as many equal shares as there are then living descendants of the nearest degree of living descendants and deceased descendants of that same degree who leave living descendants. Each living descendant of the nearest degree will receive 1 share. The remaining shares, if any, are combined and then divided in the same manner among the surviving descendants of the deceased descendants as if the surviving descendants who were allocated a share and their surviving descendants had predeceased the descendant. In this manner, all descendants who are in the same generation will take an equal share.

(g) "Heirs" means those persons who would have received your assets if you had died without a will, domiciled in Michigan, under the laws that are then in effect.

(h) "Person" includes individuals and institutions.

(i) Plural and singular words include each other, where appropriate.

(j) If a Michigan statutory will states that a person shall perform an act, the person is required to perform that act. If a Michigan statutory will states that a person may do an act, the person's decision to do or not to do the act must be made in good-faith exercise of the person's powers.

ADDITIONAL CLAUSES

Powers of personal representative

1. A personal representative has all powers of administration given by Michigan law to personal representatives and, to the extent money is not needed to meet debts and expenses currently payable and are not immediately distributable, the power to invest and reinvest the estate from time to time in accordance with the Michigan prudent investor rule. In dividing and distributing the estate, the personal representative may distribute partially or totally in kind, may determine the value of distributions in kind without reference to income tax bases, and may make non-pro rata distributions.

2. The personal representative may distribute estate assets otherwise distributable to a minor beneficiary to the minor's conservator or, in amounts not exceeding \$25,000.00 per year,

either to the minor, if married before July 12, 2023; to a parent or another adult with whom the minor resides and who has the care, custody, or control of the minor; or to the guardian. The personal representative is free of liability and is discharged from further accountability for distributing assets in compliance with this paragraph.

POWERS OF GUARDIAN AND CONSERVATOR

A guardian named in this will has the same authority with respect to the child as a parent having legal custody would have. A conservator named in this will has all of the powers conferred by law.

(3) The dollar amount described in this section must be adjusted as provided in section 1210.

REVOCABLE LIVING TRUSTS

A revocable living trust is a legal document that is created to both manage trust assets during your life, as well as direct the distribution of trust assets after your death. Unlike a will, which only takes effect upon your death, a revocable living trust is created and takes effect during your life. You, as the grantor or settlor of the revocable living trust, can change the trust during your lifetime. You will choose trustee(s) to manage and distribute trust assets and name beneficiaries to receive trust assets. Generally, for revocable living trusts, the grantors are also the initial trustees and primary beneficiaries of the trust. After the grantor's death, the successor trustee(s) will distribute the trust assets in accordance with the trust provisions. It is important to note that the trust only controls assets that it owns – the process of transferring assets into the trust is called “funding.” Generally, assets funded into a revocable living trust avoid probate. Trust funding is an important and ongoing process.

There are many different types of trusts that may be used for a variety of purposes. The decision regarding whether a trust is appropriate for you and which trust type may be best suited for your situation depends on a variety of factors, including but not limited to, your goals, family situation, asset portfolio, profession, etc.

BENEFICIARY DESIGNATIONS

While not necessarily an estate planning document, another aspect of estate planning is your beneficiary designations. Beneficiary designations are a way to pass assets to a named beneficiary. Assets that have beneficiary designations will pass directly to the named beneficiary upon your death. Common types of assets that allow for beneficiary designations are insurance policies, retirement accounts, and other financial accounts. Sometimes beneficiary designations are also called transfer-on-death or payable-on-death designations. Beneficiary designations can be part of your comprehensive estate plan.

*The information in this publication is available,
upon request, in an alternative, accessible format.*



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