

**Karle Medical Group, P.C.**

455 Barclay Circle, Suite D

Rochester Hills, MI 48307

T: 248-852-9596 | F: 248-852-9453

Christine L. Karle, D.O

Bridget C. Karle, M.D.

Kristie Burkland, N.P.C.

Denise Gavorin, D.O.

Rabia A. Cacco, M.D.

Tracey R. Ticcony, N.P.C.

Malaz Alatassi, M.D

Molly Bylsma, N.P.C.

Amir Sankari, M.D.

**Durable Power of Attorney**

I, the undersigned (Full legal name) \_\_\_\_\_ (Identity / Social

Security number) \_\_\_\_\_ residing at (Address) :

\_\_\_\_\_  
\_\_\_\_\_

**do willingly appoint** (Full legal name) \_\_\_\_\_

(Identity / Social Security number) \_\_\_\_\_ residing at (Address):

\_\_\_\_\_  
\_\_\_\_\_

as my Attorney-in-Fact (Agent) with the power of delegation and substitution. If my Agent is unable or unwilling to serve for any reason, I designate (Full legal name) \_\_\_\_\_

(Identity / Social Security number) \_\_\_\_\_ residing at (Address):

\_\_\_\_\_  
\_\_\_\_\_

as substitute Agent.

**Disclaimers:** This document has been provided as a courtesy to the patients of Karle Medical Group, P.C. No employee or agent is authorized to conclude any binding agreement on behalf of Karle Medical Group with another party without express written confirmation by the ownership of Karle Medical Group. By providing signed authorization, the individual represented herein agrees to defend, indemnify, and hold Karle Medical Group and its subsidiaries, affiliates, officers, employees, and partners harmless from all claims, demands, damages, and expenses, including reasonable attorney fees arising from actions taken related to the privileges assigned herein. Authorization also acknowledges that Karle Medical Group has neither rendered opinion or influence, nor has any interests on the selection of Power of Attorney by any patient represented herein.

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1. I hereby revoke any and all previous powers of attorney signed by me except for my Power of Attorney for Health Care which shall remain in force.

2. This document shall be construed and interpreted as a general durable power of attorney and my Agent shall have full authority to act on my behalf in relation to all my property and affairs.

**OR**

2. This document shall be construed and interpreted as a durable power of attorney and my Agent shall have full authority to act on my behalf in relation to my property and affairs, save for the following conditions and restrictions:

2.1. \_\_\_\_\_

2.2. \_\_\_\_\_

3. I furthermore grant my Agent the authority to:

3.1. Make gifts within gift tax limits except to himself.

3.2. Execute, amend or revoke any trust agreement.

3.3. Exercise the right to make a disclaimer on my behalf.

4. I indemnify and hold harmless my Agent from any loss that results from an error made in good faith save for willful misconduct or the willful failure to act in good faith.

5. I indemnify any third party from any claims which may arise against the third party because of reliance on this power of attorney.

6. My Agent shall provide accurate records on a monthly basis of all transactions completed on my behalf and shall provide accounting records on a six-monthly basis.

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6.1. If I am unable to review the records and accounting, they must be submitted to:

(Full legal name) \_\_\_\_\_ (Identity / Social Security number)

\_\_\_\_\_ residing at (Address):

\_\_\_\_\_

\_\_\_\_\_

7. My Agent shall be entitled to compensation for his services at a rate as set out by law and for reimbursement of all reasonable expenses in his duties as my Agent.

8. This is a Durable Power of Attorney. Even if I should become disabled or incompetent, it shall remain effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent and interested third parties.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

at \_\_\_\_\_

Signature: \_\_\_\_\_

in the presence of the undersigned witnesses:

**Witness 1.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**Witness 2.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

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**Acknowledgement**

This document was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ by

\_\_\_\_\_ (Principal's full legal name)

Signature of Notary Public \_\_\_\_\_

Full legal Name \_\_\_\_\_

My commission's expiration (date) \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

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