

1.17 Medical Treatment. To authorize any and all kinds of medical procedures and treatment including but not limited to medication, therapy, surgical procedures, and dental care, and to consent to all such treatment, medication or procedures where such consent is required; to obtain the use of medical equipment, devices or other equipment and devices deemed by my Attorneys needful for proper care, custody and control of my person and to do so without liability for any neglect, omission, misconduct or fault with respect to such medical treatment or other matters authorized pursuant to this paragraph.

1.18 Miscellaneous Personal Items. To purchase, dispose of and abandon clothing, food, medicine, household and personal effects of all kinds.

1.19 Transportation. To arrange for transportation and travel for me for any purpose, including for medical treatment or recreation.

1.20 Funeral Provisions. To make advance arrangements for funeral services, including but not limited to purchase of a burial plot and marker and such other and related arrangements for services, flowers, ministerial services, transportation and other necessary, related, convenient or appropriate goods and services as my Attorneys shall deem advisable or appropriate under the circumstances.

1.21 Governmental Benefits. To apply for, elect, receive, deposit, and utilize on my behalf, all benefits payable, or made available, by any governmental body or agency, state, federal, county, city, or other, and to obtain, make claim upon, collect and dispose of insurance and insurance proceeds for my care, custody, and control.

#### ITEM II. TERMINATION, AMENDMENT, RESIGNATION AND REMOVAL

2.1 Power not Affected by Principal's Incapacity. This power of attorney shall not be affected by physical disability or mental incompetence of the Principal which renders the Principal incapable of managing his/her own estate. It is my intent that the authority conferred herein upon my Attorneys, shall be exercisable notwithstanding my physical disability or mental incompetence.

2.2 Termination and Amendment. This power of attorney shall remain in full force and effect until the earlier of the following events:

- (a) My Attorneys have resigned as provided herein; or
- (b) I have revoked this power of attorney by written instruction recorded in the public records aforesaid,

This power of attorney may be amended by me at any time and from time to time, but such amendment shall not be effective as to third persons dealing with my Attorney without notice of such amendment unless such amendment shall have been recorded in the public records of the county aforesaid.

2.3 Resignation. In the event that either of my Attorneys shall become unable or unwilling to serve or continue to serve, then said Attorney may resign by delivering to me, and simultaneously to the other Attorney in writing a copy of the resignation and by recording the original resignation in the public records of the county aforesaid. Upon such resignation and recording, said Attorney shall be divested of all authority under this power of attorney.