

is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

BINDING EFFECT

All acts done by Attorney pursuant to this Power of Attorney during any period of disability or mental incompetence shall have the same effect and inure to the benefit of and bind me and my heirs, devisees, legatees, and personal representatives as if I were mentally competent and not disabled.

The powers herein conferred may be exercised by Attorney alone and the signature or act of Attorney on my behalf may be accepted by third persons as fully authorized by me and with the same force and effect as if done under my hand and seal and as if I were present in person, acting on my own behalf and competent. No person who may act in reliance upon the representations of Attorney for the authority granted to Attorney shall incur any liability to me or to my estate as a result of permitting Attorney to exercise any power.

RESIGNATION

In the event that Attorney shall become unable or unwilling to serve or continue to serve, then Attorney may resign by delivering to me in writing a copy of his resignation and recording the original in the public records of the county aforesaid. Upon such resignation and recording, Attorney shall thereupon be divested of all authority under this Power of Attorney.

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