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and appoint as her successor my son, W. D. WORKMAN, JR.,  
with all the powers, rights, discretion, and authority  
herein granted Attorney.

Removal

Any person named herein as Attorney may be removed  
by written instrument executed by me and recorded in the  
public records of the county aforesaid.

In connection with the exercise of the powers here-  
in described, Attorney is fully authorized and empowered  
to perform any other acts or things necessary, appropriate  
or incidental thereto, with the same validity and effect  
as if I were personally present, competent, and personally  
exercised the powers myself. All acts lawfully done by  
Attorney hereunder during any period of my 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 shall incur any liability to me or to my  
estate as a result of permitting Attorney to exercise any  
power, nor shall any person dealing with Attorney be  
responsible to determine or insure the proper application  
of funds or property.

W.D.W.  
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IN WITNESS WHEREOF, I have executed this power of  
attorney this 11<sup>TH</sup> day of November, 1980.

WITNESSES:

Vivian W. Workman (SEAL)  
VIVIAN W. WORKMAN

[Signature]

[Signature]

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