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one or more or all of the foregoing acts or powers, or limited as to time or in any other respect as my Attorney shall deem proper.

(23) In view of the fact that situations may arise under this Power of Attorney in which my Attorney in fact will occupy from a legal standpoint positions in which a conflict of interest is either real or apparent, I hereby declare that the existence of any conflict of interest of whatever nature and however arising shall not in any manner limit any of the powers herein conferred upon my Attorney and it may perform any act which it is authorized to perform under this Power of Attorney, notwithstanding any such conflict of interest. I do hereby ratify and confirm all things so done by my said Attorney, within the scope of the authority herein given, as fully and to the same extent as if by me personally done and performed.

(24) This Power of Attorney, shall not be affected by physical disability or mental incompetence of W. WEST SIMMONS, M. D., principal herein, which renders the principal incapable of managing his own estate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

26<sup>th</sup> day of January, 1981.

W. West Simmons (LS)  
W. WEST SIMMONS, M. D.

SIGNED, SEALED, PUBLISHED and DECLARED by W. WEST SIMMONS, M. D., as and for the granting of his Power of Attorney in the presence of us, who, in the presence of said principal, W. WEST SIMMONS, M. D., and at his request, and in the presence of each other, have hereunto set our names as attesting witnesses:

WITNESSES:

Elizabeth H. Wiggins

James H. Jones

Stephen B. Paul

W. West Simmons  
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