CALL THE PARTY OF

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 Attorney 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 herein;

- on my behalf all benefits payable 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.
- any bank, banker or trust company or any building or savings and loan association or any other banking or similar institution, all moneys to which I am entitled or which may come into Attorney's hands as such attorney-in-fact, and all bills of exchange, drafts, checks, promissory notes and other securities for money payable belonging to me, and for that purpose to sign my name and endorse each and every instrument for deposit or collection; and from time to time, or at any time, to withdraw any or all monies deposited to my credit at any bank, banker or trust company or any building or savings and loan association or any other banking or similar institution having monies belonging to me, and, in connection therewith, to draw checks or to make withdrawals in my name; to make, to execute, acknowledge and deliver, for and upon my behalf and in my name, all such checks, notes, and contracts;
- 16. To have access at any time or times to any safe deposit box rented by me, wheresoever located, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe deposit box, and any institution in which any such safe deposit box may be located shall not incur liability to me or my