14. CLEARING OF QUARTERS. To effect the assignment or termination of U.S. Government quarters and to produce or return any and all U.S. Government property used in or for such quarters, and to execute all necessary documents, instruments, and papers therewith. 15. ADDITIONAL PORERS OR DELETIONS. FURTHER, I do authorize my aforesaid attorney to perform all necessary acts in the execution of the aforesaid authorizations and generally to do any and all acts on my behalf in any other matter or thing pertaining or belonging to me with the same validity as I could effect if personally present. AND I HEREBY DECLARE that any act or thing lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal representatives, and assigns; PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all inforsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said atterney and the designation fottomey-in-fact FURTHER, this power of atterney shall remain in full force and effect until the occurrence of the first of the following circumstances: (1) my death; (2) the death of my said attorney; (3) until the revocation of this power of attorney by me; or (4) until ---NOTRITHSTANDING my insertion of a specified expiration date of this power of attorney, IF on that specified expiration date, or it at any time within the thrity (30) days immediately preceding that specified expiration date, I should be or have been carried in a military status of "missing" or missing in action or 'prisoner of war' THEN, this power of attorney shall automatically continue to remain valid and in full effect until sixty ((0) days after my return to the continental United States or reassignment following remination of such 'missing,' missing in action' or 'prisoner of war' status. IN WHINESS WHEREOF, I have hereunto set my hand and seal the fifteenth day of February sincices bundled XXXX eighty-three. Xionard & Polly ACKNOWLEDGMENT STATE OF NEW YORK COUNTY OF JEFFERSON I, the understanced, do hereby certify that I am a duly commissioned, qualified, and authorized notary public in and for the STATE OF NEW YORK... and that the grantor in the foregoing Power of Attorney, who is personally well known to me. appeared before me this day within the territorial limits of my authority and executed said instrument after the contents thereof had been read and duly explained to him, and acknowledged that the execution of said instrument by him was his free and voluntary act and deed for the uses and purposes therein set forth IN BITNESS BHEREOF, Thereunto set my hand and affixed my official seal this 15th day of February -NOTARY PUBLIC

(CONTINUED ON NEXT RACE)

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