## EXONERATION OF ATTORNEY AND OTHERS

On behalf of myself, my heirs, assigns, executors and administrators, I hereby release and forever discharge Attorney as well as any hospital staff, physician, or nurse or other medical personnel acting pursuant to any authorization by Attorney for rendering an opinion as to my Attorney as hereinabove described relied on by Attorney and all other persons, firms and corporatons who have or shall have acted in reliance upon this Special Power of Attorney, from all liability, claims or damages of any kind arising out of any act authorized directly or indirectly or by necessary implication under this instrument.

IN WITNESS WHEREOF, as Principal, I have executed this Special Power of Attorney as of this 12 day of DECEMBER.

1983, in several counterpart originals and I have directed that photographic copies of this power be made which shall have the same force and effect as the original.

Olga. S. Bolispon

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