

BOOK 1117 PAGE 522

bring an action against any hospital staff, physician, nurse or other medical personnel who fail to comply with actions taken by Attorney under this special power of attorney and to demand damages of all kinds, including actual and punitive damages.

2. Resignation and Revocation

(a) This power of attorney shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing his own estate. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

(b) This power of attorney shall remain in full force and effect until the earlier of the following events:

(i) Attorney has resigned as provided herein;

(ii) I have revoked this special power of attorney by written instrument recorded in the public records of the county aforesaid; or

(iii) A committee shall have been appointed for me by a court of competent jurisdiction.

(c) In the event that Attorney shall become unable or unwilling to serve or to continue to serve, then Attorney may resign by delivering to me in writing a copy of his resignation and recording the original in the public records of the county aforesaid. Upon such resignation and recording, Attorney shall thereafter be divested of all authority under this special power of attorney.

MBS
3. Incidental Powers and Binding Effect

(a) 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 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 for the authority granted to Attorney shall incur any liability to me or to my estate as a result of permitting Attorney to exercise any power. I do hereby ratify and confirm each and every act which Attorney shall and may do by virtue hereof.

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