

ratify all that my said Attorney in Fact shall lawfully do or cause to be done by virtue of these presents. And I hereby declare that any act or thing lawfully done hereunder by my said Attorney in Fact shall be binding upon myself, my heirs and my legal and personal representatives and assigns, whether the same shall have been done before or after my death, or other revocation of this instruction unless and until reliable, intelligent notice thereof shall have been received by my said Attorney in Fact.

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 desire that the power and authority conferred herein upon my Attorney in Fact shall be exercisable notwithstanding my physical disability or mental incompetence. All acts done by my Attorney in Fact pursuant to this Power of Attorney during any period of disability or mental incompetence shall have the same effect and inure to the benefit of and bind me, my heirs and devisees, legatees and personal representatives as if I were mentally competent and not disabled.

This Durable Power of Attorney shall continue in full force and effect until termination by my death or otherwise may be terminated by me at any time with the responsibility of my giving written notice to any person or entity effected thereby or as may be terminated by order of Court upon proper cause being shown.

It is my express intent that after the onset of mental disability, my Attorney in Fact shall keep accurate books and records in order to account to me or my heirs or personal representatives or as may be specified by order of Court.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23rd day of June, 1980.

In the Presence of:

[Signature]
[Signature]
[Signature]

[Signature] (LS)
 William Schwiars, Jr.