

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 earliest of the following events:

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

3. Incidental Powers and Binding Effect

(a) The powers herein conferred may be exercised by Attorneys and the signature or act of my Attorneys on my behalf may be accepted by third persons as fully authorized 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 my Attorneys for the authority granted to Attorneys shall incur any liability to me or to my estate as a result of permitting Attorneys to exercise any power. I do hereby ratify and confirm each and

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