

estate. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

In the event that Attorney shall become unable or unwilling to serve or continue to serve, then Attorney may resign by delivering to me in writing a copy of Attorney's resignation and recording the original in the public records of the county aforesaid. Upon such resignation and recording, Attorney shall thereupon be divested of all authority under this Power of Attorney.

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 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. This Power of Attorney may be amended by me at any time and from time to time but such amendment shall not be effective as to third persons dealing with Attorney without notice of such amendment unless such amendment shall have been recorded in the public records of the county aforesaid.

Attorney, Attorney's heirs, successors and assigns are hereby released and forever discharged from any and all liability under any claim or demand of any nature whatsoever by me, my heirs or assigns, the beneficiaries under my Will or under any trust which I have created or shall hereafter create or any person whomsoever on account of any failure to act of Attorney pursuant to this Power of Attorney.

IN WITNESS WHEREOF, as Principal, I have executed

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