

paramedical assistants deemed by Attorney needful for the proper care, custody and control of my person, and to do so without liability for any neglect, omission, misconduct or the fault of any such physician or other medical personnel, provided such physician or other medical personnel were selected and retained with reasonable care, and to dismiss any such persons at any time, with or without cause.

19. To have access at any time or times to any safe deposit box rented by me, wheresoever located, and to remove all or any part of the contents thereof, and to surrender or relinquish such safe deposit box, and any institution in which such safe deposit box may be located shall not incur liability by me or my estate as a result of permitting Attorney to exercise this power.

## ARTICLE II

### TERMINATION, AMENDMENT, RESIGNATION AND REMOVAL

#### A. Power Not Affected by Principal's Incapacity

This Power of Attorney shall not be affected by physical disability or of mental incompetence of the Principal which renders the Principal incapable of managing her own estate. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

#### B. Termination and Amendment

This Power of Attorney shall remain in full force and effect until the first to occur of the following events: (1) Attorney has resigned as provided herein; (2) I have revoked this Power of Attorney by written instrument recorded in the public records of the County aforesaid; or (3) 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.

#### C. Resignation

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 her 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.