

with the same validity and effect as if I were personally present, competent, and personally exercised the power myself. All acts lawfully done by her hereunder during any period of my disability or mental incompetence shall have the same effect and inure to the benefit of and bind me and my heirs, devisees, legatees, and personal representatives as if I were mentally competent and not disabled.

The powers herein conferred may be exercised by Attorney alone, and her signature or act 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. Any person who may act in reliance upon the representations of Attorney for the scope of authority granted to her shall not incur any liability to me or my estate as a result of permitting her to exercise any power, and no person dealing with her shall be responsible to determine or insure the proper application of funds or property.

*M.S.M.*

I do hereby ratify and confirm all things whatsoever my Attorney or such substitutes as she may appoint shall lawfully do or cause to be done by virtue of these presents, including anything which shall be done between the revocation of the presents by my death, or in any other manner, and notice of such revocation reaching my Attorney; and I hereby declare that, as against me and all persons claiming under me, everything which my Attorney shall do, or cause to be done, after such revocation, shall be valid and effective in favor of the person claiming the benefit thereof, who, before the doing thereof, shall not have had notice of such revocation.

TERMINATION and AMENDMENT.

This power of attorney shall remain in full force and effect until

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