

legislation designed for the protection of personnel in the Armed Forces or their dependents:

(b) to hire, engage, employ and appoint agents, employees and counsel upon such terms and conditions and at such compensation as my said Attorney-in-Fact shall deem proper in the exercise of the powers herein granted; to dismiss and remove at pleasure any such agents, employees and counsel as well as

any agents, employees and counsel heretofore or hereafter employed by me or in my behalf.

10. MISCELLANEOUS. (a) To sign, seal, acknowledge and deliver any instrument necessary to accomplish any of the powers herein granted;

(b) To modify, reform, renegotiate or rescind any contract or obligation heretofore or hereafter made by me or in my behalf.

GENERAL PROVISIONS: (a) All business transacted hereunder for me or for my account shall be transacted in my name, and all indorsements and instruments executed by my Attorney-in-Fact for the purpose of carrying out any of the foregoing powers, shall contain my name, followed by that of my Attorney-in-Fact and the designation, "Attorney-in-Fact";

(b) I hereby ratify and confirm all lawful acts done and caused to be done by my said Attorney-in-Fact pursuant to this Power of Attorney, and I direct that it shall continue in effect until the termination date herein specified unless sooner terminated by me or by operation of law. Notwithstanding my insertion of a specific expiration date herein, IF on said date I should be, or have been, carried in a military status of "Missing," "Missing in Action," or "Prisoner of War," this Power of Attorney shall automatically continue to remain valid and in full effect until sixty (60) days after I have returned to UNITED STATES MILITARY CONTROL following termination of such "Missing," "Missing in Action," "Prisoner," or "Prisoner of War" status.

(c) If the authority contained herein shall be revoked or terminated by operation of law without notice, I hereby agree for myself, executors, administrators, heirs and assigns, in consideration of my attorney's willingness to act pursuant to this Power of Attorney, to save and hold my attorney harmless from any loss suffered or any liability incurred by my attorney in so acting after such revocation or termination without notice.

(d) Unless sooner revoked by me or terminated by law, this Power of Attorney shall be NULL AND VOID on and after 28 March 1974

In witness whereof, I have hereunto set my hand and seal, this 16 day of July, 1971

Witnesses:

Wain H. Fanning

James Thomas O'Connor (SEAL)

Rt 5 Vancaster, Va  
Address (include ZIP code), Service No. & SSAN (if any)  
401-73-4999

Jan App

Colanlu S.C.  
Address (include ZIP code), Service No. & SSAN (if any)  
075-32-8721

IF ACKNOWLEDGED BEFORE A NOTARY PUBLIC:

State of South Carolina  
County (City) Shaw AFB  
I, Leola Smithson, a Notary Public in and for the County (City) and State aforesaid, do hereby certify that on the 16 day of July, 19 71, before me personally appeared James Thomas O'Connor who is known by me to be the identical person who

is described in, whose name is subscribed to, and who signed and executed the foregoing instrument, and having first made known to him the contents thereof, he personally acknowledged to me that he signed and sealed the same on the date it bears as his true, free and voluntary act and deed for the uses, purposes and considerations herein set forth.

In Witness Whereof, I have hereunto set my hand and official seal this day and year above.

My commission expires 8 June 1981

Leola F Smithson  
Notary Public

IF ACKNOWLEDGED BEFORE A MILITARY PERSON AUTHORIZED TO ADMINISTER OATHS:

(See AFR 110-6 for statutory provisions authorizing Armed Forces Personnel to perform Notarial Acts and for instructions on completing certificate of acknowledgment.)

With the United States Armed Forces

At \_\_\_\_\_  
I, \_\_\_\_\_, the undersigned officer, do hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, before me, personally appeared \_\_\_\_\_ SN & SSAN \_\_\_\_\_, whose home address (include ZIP code) is \_\_\_\_\_ and who is known to me to be

and to be the identical person who is described in, whose name is subscribed to, and who signed and executed the foregoing instrument, and having first made known to him the contents thereof, he personally acknowledged to me that he signed and sealed the same, on the date it bears as his true, free and voluntary act and deed, for the uses, purposes and considerations therein set forth. And I do further certify that I am at the date of this certificate a commissioned officer of the grade, branch of service and organization stated below in the active service of the United States Armed Forces, that by statute no seal is required on this certificate and that same is executed in my capacity as \_\_\_\_\_

(Signature of Officer)

(Service No. & SSAN, grade and branch of service)

(Command or organization)

(Permanent home address, include ZIP code)

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