

LAST WILL AND TESTAMENT

OF

MORTIMER GRAVES

I, **Mortimer Graves**, a resident of and domiciled in the State of Texas, make, publish and declare this to be my Last Will and Testament, revoking all wills and codicils at any time heretofore made by me.

FIRST: I direct that the expenses of my last illness and funeral, the expenses of the administration of my estate, and all estate, inheritance and similar taxes payable with respect to property included in my estate, whether or not passing under this will, and any interest or penalties thereon, shall be paid out of my residuary estate, without apportionment and with no right of reimbursement from any recipient of any such property (including reimbursement under Section 2207B of the Internal Revenue Code). Notwithstanding the foregoing, if any estate, inheritance or similar taxes may be imposed because I shall have had, exercised or released a power of appointment given to me by some other person, the same shall be apportioned, to the extent provided or permitted by applicable law, among the beneficiaries of the property which is the subject to said power of appointment. Any generation-skipping transfer tax under Chapter 13 of the Internal Revenue Code shall be charged to the property constituting the generation-skipping transfer on which such tax is imposed, as provided in Section 2603(b) of the Code. I authorize my Executor to elect to defer the payment of taxes under Section 6166 of the Internal Revenue Code or applicable state law and, if such election is made, to charge interest on the deferred tax to income or principal and to create a lien on property belonging to my estate for the deferred tax under Section 6324A of the Code or applicable state law. The provisions of this Article FIRST shall not apply to the extent that contrary provisions concerning the payment or apportionment of any such taxes have been or shall be made in any inter vivos instrument executed by me relating to any insurance, trusts, gifts or other transfers, jointly owned property or accounts, or property subject to power of appointment.

SECOND: I give all real estate owned by me at the time of my death, and all rights that I have under any related insurance policies, to my wife Morticia Graves, if she survives me.

THIRD: I give all tangible personal property owned by me at the time of my death, including without limitation personal effects, clothing, jewelry, furniture, furnishings, household goods, automobiles and other vehicles, together with all insurance policies relating thereto, to my wife Morticia Graves, if she survives me, or if she does not survive me, in accordance with a written memorandum which I intend to prepare and sign, disposing of such property or any part thereof, as permitted by Texas law. If I sign more than one such memorandum, the memorandum which bears a date later than that of any other such memo-

randum shall govern. I intend to leave such a memorandum at my death, but if no such memorandum is found and identified as such by my Executor within thirty days after the probate of this will, any such memorandum thereafter found shall be deemed null and void. In the absence of such a memorandum, or to the extent that such memorandum fails to effectively dispose of any such property for any reason, including the death of any beneficiary, I give such property or the portion not effectively disposed of to those of my children Eddie Graves and Marilyn Graves who survive me, in substantially equal shares, to be divided between them as they shall agree, or if they cannot agree, or if either of them shall be under the age of twenty-one (21) years, as my Executor shall determine. If any of said children shall be under the age of twenty-one (21) years at my death, my Executor may sell any property bequeathed to said child under this Article THIRD, as my Executor may deem appropriate, or my Executor may hold such property or any proceeds thereof, without bond, surety or other security, until said child attains said age or such earlier time as my Executor may deem proper to deliver any such property or proceeds to said child, or to said child's guardian or any person with whom said child resides for the use of said child. All costs incurred by my Executor in connection with obtaining possession, appraising, safeguarding, delivering or selling such property shall be paid as expenses of administering my estate. As used herein, "tangible personal property" does not include stocks, bonds, securities, contracts, rights in action, money, bank accounts, or any real property or interest in real property.

FOURTH: Reference is made to the power of appointment given to me by Frederick Graves in his Irrevocable Trust dated June 13, 1967. I hereby exercise said power of appointment, and direct that all property which is the subject of said power of appointment shall be given and disposed of as hereinafter provided with regard to my residuary estate.

FIFTH: I give all the rest, residue and remainder of my property and estate, both real and personal, of whatever kind and wherever located, that I own or to which I shall be in any manner entitled at the time of my death, including any property over which I may have any power of appointment or testamentary disposition (collectively referred to as my "residuary estate"), to the trustee under the following trust to be held and disposed of in accordance with the terms, covenants and conditions of such trust: The Graves-Matters Trust, dated July 1, 2009, made by Mortimer Graves. Income and principal distributed by my Executor shall be deemed income and principal, respectively, by the trustee.

SIXTH: I give to Antonio Graves the smallest portion of my estate, if any, required to be given to Antonio Graves under applicable law, after taking into account the aggregate value of any other property passing to Antonio Graves under this will or otherwise. It is my desire and intent that Antonio Graves be disinherited by me to the fullest extent permitted by law. All provisions of this will, including without limitation any provisions which may refer to persons taking by intestacy, shall be construed to effectuate such disinheritance of Antonio Graves.

SEVENTH: I give the sum of \$100,000.00 in trust for the benefit of Spot Graves or any similar pets which I may have upon my death (the "pets"). The Trustee of this trust shall be Herman Graves. If Herman Graves cannot serve, my Executor may appoint a successor Trustee. The Trustee shall pay or apply so much of the interest and principal of this trust as may

be sufficient to provide and care for the pets in the manner to which the pets were accustomed during my lifetime or to provide a suitable home for the pets elsewhere. I have discussed with the Trustee the type of care I wish to have provided for the pets, including issues such as when it may be best to put a pet to sleep to prevent its suffering. I have confidence that the Trustee will carry out these wishes. This pet trust shall terminate upon the death of all of the pets or at the end of 21 years from the date of my death. Any remaining funds in this trust shall be disposed of as follows: as part of my residuary estate.

EIGHTH: I authorize my Executor, in addition to any rights conferred by law and in the absolute discretion of my Executor, and without the consent of any court having jurisdiction over my estate, to disclaim or renounce, in whole or in part or with respect to specific amounts, parts, fractional shares or assets, any legacy, devise, or interest in or privilege or power over any trust or other disposition provided for my benefit under the will or other instrument of any person at any time within nine months after the date of the transfer (whether by reason of such person's death or otherwise) which created an interest in me.

I authorize any person, in addition to any rights conferred by law, at any time within nine months after my death, to disclaim or renounce, in whole or in part or with respect to specific amounts, parts, fractional shares or assets, any devise, legacy, interest, right, privilege, or power granted to that person by this will. Any such disclaimer or renunciation shall be made by a duly acknowledged, irrevocable, written instrument executed by that person or by his or her conservator, guardian, committee, attorney-in-fact, executor, or administrator, delivered to my Executor and filed in accordance with any requirements of applicable law.

NINTH: I authorize my Executor to allocate any amount of the exemption from generation-skipping transfer (GST) taxes under Section 2631(a) of the Internal Revenue Code to such property of which I am the transferor as my Executor shall select, in the absolute discretion of my Executor, whether or not such property passes under this will, including property transferred by me during life, whether or not I allocated any GST exemption to such property during my life, and without any duty to favor beneficiaries under this will over beneficiaries of property passing outside this will.

TENTH: If any property of my estate vests in absolute ownership in a minor or incompetent, my Executor, at any time and without court authorization, may: distribute the whole or any part of such property to the beneficiary; or use the whole or any part for the health, education, maintenance and support of the beneficiary; or distribute the whole or any part to a guardian, committee or other legal representative of the beneficiary, or to a custodian for the beneficiary under any gifts to minors or transfers to minors act, or to the person or persons with whom the beneficiary resides. Evidence of any such distribution or the receipt therefor executed by the person to whom the distribution is made shall be a full discharge of my Executor from any liability with respect thereto, even though my Executor may be such person. If such beneficiary is a minor, my Executor may defer the distribution of the whole or any part of such property until the beneficiary attains the age of twenty-one (21) years, and may hold the same as a separate fund for the beneficiary with all of the powers described in Article TWELFTH hereof. If the beneficiary dies before attaining said age, any balance shall be paid and distributed to the estate of the beneficiary.

ELEVENTH: I appoint my wife Morticia Graves to be my Independent Executor. If my wife does not survive me, or shall fail to qualify for any reason as my Executor, or having qualified shall die, resign or cease to act for any reason as my Executor, I appoint Herman Graves as my Independent Executor. No action shall be had in the court having probate jurisdiction in relation to the settlement of my estate other than the probating and recording of this will and the return of an inventory, appraisement and list of claims of my estate. I direct that no Executor shall be required to file or furnish any bond, surety or other security in any jurisdiction.

Any bank, trust company or similar institution at any time serving as Executor hereunder shall be entitled to receive compensation for its services in accordance with its standard schedule of compensation in effect when such compensation is payable.

TWELFTH: I grant to my Executor all powers conferred on executors under the Texas Probate Code, as amended, or any successor thereto, and all powers conferred upon executors wherever my Executor may act. I also grant to my Executor power to retain, sell at public or private sale, exchange, grant options on, invest and reinvest, and otherwise deal with any kind of property, real or personal, for cash or on credit; to borrow money and encumber or pledge any property to secure loans; to hold property in bearer form or in the name of a nominee; to pay any legacy or distribute, divide or partition property in cash or in kind, or partly in kind, and to allocate different kinds of property, disproportionate amounts of property and undivided interests in property among any parts, funds or shares; to determine the fair valuation of property, with or without regard to tax basis; to exercise all powers of an absolute owner of property; to incorporate any business and form limited liability companies and hold any interests in corporations and limited liability companies; to vote stock or securities, in person or by proxy; to exercise subscription and conversion rights, and to participate or refuse to participate in any reorganization, recapitalization, merger, consolidation, liquidation, dissolution or other action with respect to any corporation; to transfer any business or property to a partnership and to be a general or limited partner; to compromise and release claims with or without consideration; to execute and deliver deeds and other instruments, including releases; and to employ attorneys, accountants and other persons for services or advice.

In connection with the preparation of any tax return for me or my estate, I authorize my Executor: to determine whether to elect to qualify any property as qualified terminable interest property for federal and/or state estate tax purposes; to make any election available under Section 2652(a)(3) of the Internal Revenue Code with respect to qualified terminable interest property as my Executor may deem advisable; to make any election available with respect to Chapter 13 of the Internal Revenue Code and to allocate the same to property eligible for such allocation, whether or not such property is held hereunder, including property transferred by me during my life as to which I did not make an allocation prior to my death, in such amounts and proportions as my Executor may deem advisable; to determine whether to include or exclude any item of property; to determine within permitted limits the date of valuation of my estate; to determine whether certain deductions shall be taken as income tax deductions or estate tax deductions; and to determine whether to adjust between principal and income.

My Executor shall have the authority to determine what property shall receive basis increases pursuant to Section 1022(b) and (c) of the Internal Revenue Code and the amount of such increases and to make such determinations without regard to any duty of impartiality as between different beneficiaries. I suggest, but do not direct, that the step-up in basis be allocated to assets with readily ascertainable fair market value and that the benefit of the step-up in basis be equitably adjusted among the beneficiaries of my estate. If my wife shall survive me, she shall have the authority to direct my Executor on the allocation of the \$3 million basis adjustment designated solely for a surviving spouse.

The term "Executor" wherever used herein shall mean the executors, executor, executrix or administrator in office from time to time. The term "Executor" wherever used herein shall mean the trustees or trustee in office from time to time. Each Executor and Trustee shall have the same rights, powers, duties, authority and privileges, whether or not discretionary, as if originally appointed hereunder.

THIRTEENTH: If my wife and I shall die in a common accident or disaster or under such circumstances that it is difficult or impracticable to determine who survived the other, then I direct that for purposes of this will she shall be deemed to have survived me. I further direct that for purposes of this will a beneficiary (other than my wife) shall be deemed to predecease me (or any other person upon whose death the interest of such beneficiary depends) unless such beneficiary survives me (or such other person) by more than thirty days. The terms "child" and "children" as used in this will include not only the child and children of the person designated, but also the legally adopted child and children of such person. The term "issue" includes not only the children and other issue of the person designated, but also the legally adopted children and issue of such person.

FOURTEENTH: If any beneficiary under this will shall contest, obstruct or otherwise resist the probate hereof, or start or join in any proceeding tending to avoid or set aside any provision of this will, such beneficiary thereby shall forfeit all bequests and rights conferred upon such beneficiary hereunder, and this will shall be given effect in all respects as if such beneficiary had predeceased me.

FIFTEENTH: If my wife shall not survive me or is adjudged to be incapacitated, I appoint Herman Graves to be the Guardian of the person and property of any children of mine who have not attained the age of majority. No Guardian shall be required to file or furnish any bond, surety or other security in any jurisdiction.

IN WITNESS WHEREOF, I, Mortimer Graves, sign my name and publish and declare this instrument as my last will and testament this 1st day of July, 2009.

Mortimer Graves

The foregoing instrument was signed, published and declared by Mortimer Graves, the above-named Testator, to be his last will and testament in our presence, all being present at the same time, and we, at his request and in his presence and in the presence of each other, have subscribed our names as witnesses on the date above written.

residing at

residing at

residing at

AFFIDAVIT

STATE OF TEXAS

COUNTY OF

Before me, the undersigned authority, on this day personally appeared Mortimer Graves and

, known to me to be the Testator and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the said Mortimer Graves, Testator, declared to me and to the said witnesses in my presence that said instrument is his last will and testament, and that he had willingly made and executed it as his free and voluntary act and deed; and the said witnesses, each on their own oath stated to me, in the presence and hearing of the said Testator and each other, that the said Testator had declared to them that said instrument is his last will and testament, and that he executed same as such in their presence, and he wanted each of them to sign it as a witness; and upon their oaths each witness stated further that they did sign the same as witnesses in the presence of the said Testator and each other and at his request; that the said Testator was at the time eighteen years of age or over (or being under such age, was or had been lawfully married, or was then a member of the armed forces of the United States or of an auxiliary thereof or of the Maritime Service) and was of sound mind; and that each of said witnesses was then at least fourteen years of age.

Mortimer Graves
Testator

Witness

Witness

Witness

Subscribed and sworn to before me by the said Mortimer Graves, Testator, and by the said

as witnesses, this 1st day of July, 2009.

Notary Public
My commission expires on

LAST WILL AND TESTAMENT
OF
MORTIMER GRAVES

Dated: July 1, 2009

Prepared by:

Thomas P. Langdon, Esq.
29 Center Street
Southington, CT 06489
860-628-9302

PERSONAL PROPERTY MEMORANDUM

**THE SEPARATE WRITING REGARDING TANGIBLE
PERSONAL PROPERTY REFERRED TO IN MY WILL**

I, Mortimer Graves, hereby provide that, if my wife shall not survive me, the following items of tangible personal property shall be given to the beneficiaries identified below upon my death:

Items of Property

Names and Addresses of Beneficiaries

Dated:

Mortimer Graves

In the presence of:

residing at

residing at

PLEASE NOTE: You should clearly describe each item of personal property. You may not use this instrument to dispose of property used in a trade or business or cash, evidence of debt, documents of title, securities or other intangible personal property. To avoid being lost or misplaced, this instrument should be kept with the original of your Will.

INSTRUCTIONS
Will Execution

Name of Testator: **Mortimer Graves**

PRE-EXECUTION

Check all provisions of the Will (substantive dispositions, spelling of names, recitation of domicile, etc.), and make any appropriate revisions. Make sure the page break for the signature page is at an appropriate place in the text.

Check the Living Will and related Appointment of Agent. You may want to make multiple copies of these health care documents.

Check the Power of Attorney. You may want to make multiple documents.

Complete and check the Testator's Family Tree Affidavit and summary of assets (if they are to be used).

Deliver a copy of the Will to the Testator, and confirm that he understands the Will (including the provisions of Article FIRST concerning how estate taxes are to be paid) and that it expresses his intent. [You also may wish to give him a copy of the Memo, regarding terms used in wills, which follows these Instructions.] Explain to the Testator that he, at some time, may want to prepare a memorandum disposing of his personal property. You may wish to advise the Testator that there are questions in Texas regarding the enforceability of such memoranda.

Submit the Living Will and related Appointment of Agent, the Power of Attorney and the Family Tree Affidavit for approval.

Make any necessary revisions, and resubmit any revisions for approval.

Fasten the Will together, preferably with a ribbon and a seal to be affixed by the Testator. Using document "rivets" to bind the Will is an alternative. Some attorneys use staples, but if you do so the client should be warned never to remove the staples.

HOW TO RIBBON A WILL -- Use a razor to make three horizontal cuts on the signature page of the Will, where the seal is to be affixed next to the signature line for the Testator. The cuts should be parallel, about 1/4" apart and about 1/2" in length (the ribbon later will be fed through these cuts). Replace the signature page in the Will, and fold the back over the top edge of the Will. Punch three evenly spaced holes through the folded edge of the back and pages of the Will. Take a 4 foot length of ribbon and feed all but 1 foot of it up the center hole

starting behind the signature page. Then feed the ribbon down the left hole, back up the center hole, and down the right hole. Then feed the ribbon back up the center hole until you reach the signature page, so that the two ends of the ribbon both come out of the center hole behind the signature page. Feed both ends of the ribbon up, then down, and back up through the three cuts on the signature page. Cut off any excess ribbon so that only about 2" of ribbon appears below the cuts on the signature page. The Testator should affix a seal over the cuts when he executes the Will.

EXECUTION

Have the Testator and witnesses assemble in a room and engage in conversation, so the witnesses could testify that the Testator is of sound mind and understands English. The witnesses should be competent adults who are not beneficiaries under the Will. If possible, the witnesses should be people who will be easy to locate upon the death of the Testator. This usually means the witnesses are people who don't move around a lot and are younger than the Testator.

During the execution of the Will, the Testator, all witnesses, the Will and you must at all times be present. No one should leave the room, or be out of the sight or hearing of the others. The Will should never be out of the sight of anyone. The proceedings should reflect the gravity of making a will (beverages should not be served).

The Will provides for a pour-over to an inter vivos trust. If the inter vivos trust agreement is to be executed, have it executed before the Will and be sure that references in the Will to the trust agreement (such as dates) are correct.

Have the Testator again read the Will (the "original" which is to be executed).

Ask the Testator whether the Will states his intent. [If not, make any necessary revisions before the execution of the Will.]

Ask the Testator to insert the date of the Will (if blank) and execute the Will (using his name "Mortimer Graves" as typed in the Will), in the presence of all of the witnesses. **BLACK INK** is preferred. Only the "original" Will should be executed, not any copies.

Ask the Testator: "Do you declare this to be your Last Will and Testament?" [You can have the Testator make a more elaborate declaration, including statements that the execution was his free and voluntary act and deed for the purposes therein expressed, that he is at least eighteen years of age, of sound mind, and under no constraint, duress, fraud or undue influence.]

Ask the Testator: "Do you wish that [NAMES OF WITNESSES] act as witnesses to your Will, and sign their names as witnesses to your Will, and sign an affidavit that they witnessed the execution of your Will?"

Exhibit the signature of the Testator to the witnesses. [The witnesses do not have know the content of the Will. The witnesses need not, and should not, read the entire Will.]

The witnesses (in the presence of each other and the Testator) should sign their names and write their residential addresses at the end of the Will.

The Testator and witnesses should read the Affidavit which follows the Will and execute and swear to it before a notary public.

Inspect the Will and confirm that the date, signatures, and other blanks are properly inserted and legible. The back of the Will should be dated.

Have Mortimer Graves execute the Living Will, and have witnesses sign them (more than one copy may be desirable).

Have Mortimer Graves execute the Power of Attorney, and have it acknowledged by a notary public and signed by witnesses (more than one copy may be desirable).

Have Mortimer Graves execute the Family Tree Affidavit before a notary public (more than one copy may be desirable).

POST-EXECUTION

Conform copies of the Will and the Affidavit.

Ascertain where the original Will is to be kept, and deliver it (getting a receipt). Send a letter to the Testator, reciting the time and place of the execution of the Will, and the location of the original Will (or enclosing it). If the original Will is delivered to the Testator, inquire where he intends to keep it and request that he inform the Executor of the location.

Remind the Testator that if he wants to revise the Will a Codicil or new Will will have to be executed. The Testator should not write on or otherwise attempt to revise the Will.

Decide whether to retain or destroy any older, superseded wills, and document the disposition.

Deliver the Living Will and related Appointment of Agent, and the Power of Attorney, under a cover letter requesting a receipt.

MEMO TO THE HOLDER OF MY ORIGINAL WILL

FROM: **Mortimer Graves**

TO:

On July 1, 2009, I executed my Last Will and Testament. I have delivered to you the executed original of my Will for safekeeping. There are no other executed copies of the Will, so the original of my Will which you are keeping will have to be produced upon my death.

I have appointed my wife Morticia Graves to be my Executor.

Since my Executor will need to know what assets I own, I am providing to you a summary identifying my assets and where they are located. I may provide information about the assets I own from time to time, and such information should be kept with my Will and this Memo.

I also am providing an affidavit which identifies my relatives.

Dated: July 1, 2009

Mortimer Graves

AFFIDAVIT OF FAMILY TREE

STATE OF TEXAS

COUNTY OF

I, **Mortimer Graves**, being duly sworn, depose and say that:

I am making this affidavit in order to identify my relatives for whomever may be interested in this information, including any Executor under my Will, any court, or any other person or entity. I am aware that others will rely on the truthfulness of the facts recited herein.

I reside at 1313 Mockingbird Lane, Lubbock, TX, and my wife's name is Morticia Graves. I have two children, Eddie Graves and Marilyn Graves. I have no other children, natural or adopted, and I have not fathered any other children.

The following are my other relatives --

Father:

Mother:

Brother(s) and Sister(s):

Niece(s) and Nephew(s):

Cousin(s):

Other Relative(s):

Mortimer Graves

Subscribed and sworn to before me
on

Notary Public
My commission expires on

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

STATUTORY DURABLE POWER OF ATTORNEY

I, **Mortimer Graves**, having an address at 1313 Mockingbird Lane, Lubbock, TX, and having the social security number _____, hereby make, constitute and appoint my wife, **Morticia Graves**, having an address at 1313 Mockingbird Lane, Lubbock, TX, tel. no.: 123-456-7890, as my agent and my attorney-in-fact TO ACT for me in any lawful way with respect to all of the following powers except for a power that I have crossed out below.

TO WITHHOLD A POWER, YOU MUST CROSS OUT EACH POWER WITHHELD.

Real property transactions;
Tangible personal property transactions;
Stock and bond transactions;
Commodity and option transactions;
Banking and other financial institution transactions;
Business operating transactions;
Insurance and annuity transactions;
Estate, trust and other beneficiary transactions;
Claims and litigation;
Personal and family maintenance;
Benefits from social security, Medicare, Medicaid or other governmental programs or civil or military service;
Retirement plan transactions;
Tax matters.

IF NO POWER LISTED ABOVE IS CROSSED OUT, THIS DOCUMENT SHALL BE CONSTRUED AND INTERPRETED AS A GENERAL POWER OF ATTORNEY AND MY ATTORNEY-IN-FACT SHALL HAVE THE POWER AND AUTHORITY TO PERFORM AND UNDERTAKE ANY ACTION I COULD PERFORM OR UNDERTAKE IF I WERE PERSONALLY PRESENT.

SPECIAL INSTRUCTIONS

BELOW YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

In addition, I specifically authorize my attorney-in-fact to make gifts, outright or in trust, of my property to or for the benefit of such persons within the class of permitted donees hereafter described as, in the opinion of my attorney-in-fact, would be the donees I might choose, having in mind the resources, both public and private, available for my care after the making of such gifts, and having in mind the objective of preserving the largest amount of my property for my family as a whole. The class of permitted donees shall consist solely of my wife, my children and more remote issue, the spouses of my children and more remote issue, or any custodian or guardian for the benefit of any of the foregoing or any trust for the benefit of any of the foregoing. I authorize my attorney-in-fact to consent to splitting gifts with my wife so that the annual exclusions, unified credits, and generation skipping transfer tax exemptions and exclusions of both my wife and myself may be used. Notwithstanding the foregoing, any gifts that are made to my attorney-in-fact, or to the creditors of my attorney-in-fact, or to the estate of my attorney-in-fact, or to the creditors of the estate of my attorney-in-fact, pursuant to the foregoing power (1) shall in no event exceed in aggregate the greater of \$5,000 or five percent of all assets subject to this power in a given calendar year, on a non-cumulative basis, and (2) may be made only during the first ninety (90) days after the effective date of this power of attorney or during the first ninety (90) days of each calendar year thereafter while this power of attorney is in effect.

In addition, I specifically authorize my attorney-in-fact to revoke or amend any revocable living trust which I have heretofore or hereafter establish, and to initiate, participate in or oppose any action or proceeding to remove, substitute or surcharge a fiduciary, trustee or advisor, or to reform, modify or terminate any trust or trust instrument.

In addition, I specifically authorize my attorney-in-fact to transfer any property or funds to the trustees of the following trust: The Graves-Matters Trust

In addition, I specifically authorize my attorney-in-fact to disclaim, within the meaning of Section 2518 of the Internal Revenue Code and applicable state law, any interest in whole or in part or with respect to specific amounts, parts, fractional shares or assets, any devise, legacy, interest, right, privilege, or power to which I otherwise succeed under the Last Will of my wife or any other person, by operation of law, under a beneficiary designation of any policy of insurance, under a beneficiary designation for any individual retirement account (IRA), Roth IRA, pension plan, investment account or other asset, or in any joint tenancy or survivorship interest I may have.

In addition, I specifically authorize my attorney-in-fact to deal with tax authorities, to execute, sign and file on my behalf any and all federal, state, local and foreign income, gift, payroll and other tax returns, including estimated returns and interest, dividends, gains and transfer returns, for all periods; to pay any taxes, penalties and interest due thereon; to allocate generation skipping transfer tax exemptions (within the meaning of Section 2642(a) of the Internal Revenue Code) and to make tax elections; to represent me or to sign an Internal Revenue Service Form 2848 (Power of Attorney and Declaration of Representative) or Form 8821 (Tax Information Authorization), or comparable authorization, appointing a qualified lawyer, certified public accountant or enrolled agent (including my attorney-in-fact if so qualified) to represent me before any office of the Internal Revenue Service or any state, local or foreign taxing authority with respect to the types of taxes and years referred to above, and to specify on said authorization said types of taxes and years; to receive from or inspect confidential information in any office of the Internal Revenue Service or state, local or foreign tax authority; to receive and deposit, in any one of my bank accounts, or those of any revocable trust of mine, checks in payment of any refund of federal, state, local or foreign taxes, penalties and interest; to pay by check drawn on any bank account of mine or of any revocable trust of mine and have accounts to permit my attorney-in-fact to draw checks for payment of said items; to execute waivers (and offers of waivers) of restrictions on assessment or collection of deficiencies in taxes and waivers of notice of disallowance of a claim for credit or refund; to execute any requests for extension of time and consents extending the statutory period for assessment or collection of such taxes; to execute petitions contesting taxes; to establish new residency and domicile; to execute offers in compromise and closing Agreements under Section 7121 or comparable provisions of the Internal Revenue Code or any federal, state, local or foreign tax statutes or regulations; to delegate authority or to substitute another representative for any one previously appointed by me or my attorney-in-fact; and to receive copies of all notices and other written communications involving my federal, state, local or foreign taxes at such address as my attorney-in-fact may designate.

In addition, I specifically authorize my attorney-in-fact to make voluntary contributions to, transfer assets between, and withdraw amounts from any qualified retirement benefit plan or individual retirement account (including Roth IRA's); to change beneficiary designations on any such plan or IRA to my wife or any of my heirs; to waive spousal rights on any such plan or IRA; to convert an IRA to a Roth IRA; to make elections with respect to the timing, method and amounts of withdrawals, distributions and/or rollovers, methods of calculating minimum required distributions, and methods of distribution as a beneficiary of another's plan or IRA; and to take any other actions with respect to any such plan or IRA as I could take.

This power of attorney is a durable power of attorney, and it shall not be affected by my becoming disabled, incompetent or incapacitated or the lapse of time. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

It may be necessary for my attorney-in-fact to have access to my medical records to establish whether medical bills are valid and appropriate or for other purposes. I grant to my

attorney-in-fact the authority and power to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, and the regulations in 45 C.F.R. Sec. 160 et seq., and any other applicable federal, state or local laws or regulations (collectively "HIPAA"), including the authority to request, receive, obtain and review, and be granted full and unlimited access to, and consent to the disclosure of complete unredacted copies of any and all health, medical and financial information and any information or records referred to in 45 C.F.R. Sec. 164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under HIPAA. I understand that health and medical records can include information relating to subjects such as sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, and treatment for alcohol or drug abuse or addiction. I understand that I may have access to or receive an accounting of the information to be used or disclosed as provided in 45 C.F.R. Sec. 164.524 et seq. I further understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that such further disclosure may not be protected under HIPAA. In order to induce the disclosing party to disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure. I authorize my attorney-in-fact to execute any and all releases or other documents that may be necessary in order to obtain disclosure of my patient records and other medical information subject to and protected by HIPAA.

It is my desire and request that no guardian or conservator of my person or property be appointed in the event of my disability or incapacity. If, however, a guardian or conservator of my person or property is to be appointed for me, I hereby nominate and appoint my attorney-in-fact hereunder to serve as guardian and conservator without bond.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this power of attorney may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied upon the provisions of this power of attorney.

This power of attorney shall be governed by Texas law, although I request that it be honored in any state or other location in which I or my property may be found. If any provisions hereof shall be unenforceable or invalid, such unenforceability or invalidity shall not affect the remaining provisions of this power of attorney.

IN WITNESS WHEREOF, I have executed this power of attorney this 1st day of July, 2009.

Mortimer Graves
Soc. Sec. No.:

STATE OF TEXAS

COUNTY OF

Before me, _____ a notary public, on this day personally appeared Mortimer Graves, known to me (or proved to me on oath of or through [description of identity card or other document]) to be the person whose name is subscribed to the foregoing power of attorney and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and official seal this _____ day of July, 2009.

Notary Public
My commission expires on

THE AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

NOTE: The following affidavit may be executed by the attorney-in-fact at a later date if some third party requests evidence that the power of attorney is in effect.

**AFFIDAVIT THAT POWER OF ATTORNEY
IS IN FULL FORCE AND EFFECT**

STATE OF TEXAS

COUNTY OF

I, , being duly sworn, depose and say:

THAT Mortimer Graves, having an address at 1313 Mockingbird Lane, Lubbock, TX, as principal, did, in a writing dated July 1, 2009, appoint me his true and lawful attorney-in-fact, and that attached hereto is a true copy of said power of attorney.

THAT I have no actual knowledge or actual notice of the revocation or termination of the aforesaid power of attorney by death or otherwise, or knowledge of any facts indicating the same. I further represent, to the best of my knowledge after diligent search and inquiry, that: said principal is now alive; has not, at any time, revoked, terminated, suspended or repudiated the power of attorney; and the power of attorney still is in full force and effect.

THAT I make this affidavit for the purpose of inducing

to accept delivery of the following instrument(s), as executed by me in my capacity of attorney-in-fact of said principal, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of said instrument(s) and in paying good and valuable consideration therefor:

Dated:

Subscribed and sworn to before me
on

Notary Public
My commission expires on

In the matter of the Estate of Mortimer Graves, Deceased

NOTICE OF DISCLAIMER AND RENUNCIATION

SIRS/LADIES:

PLEASE TAKE NOTICE that by the annexed Disclaimer and Renunciation of Interest made by _____ and signed and duly acknowledged on _____, pursuant to the laws of Texas and in compliance with Section 2518 of the Internal Revenue Code, as amended, said _____ irrevocably disclaimed, renounced and refused to accept all interests in and to certain property of Mortimer Graves as is more fully described in said Disclaimer and Renunciation of Interest.

Dated:

TO:

In the matter of the Estate of Mortimer Graves, Deceased

DISCLAIMER AND RENUNCIATION OF INTEREST

TO WHOM IT MAY CONCERN

PLEASE TAKE NOTICE that pursuant to the laws of Texas and in compliance with Section 2518 of the Internal Revenue Code, as amended, I

do hereby irrevocably disclaim, renounce and refuse to accept all interests in and to the following property of Mortimer Graves:

It is my intention to renounce said property regardless of how it may pass to me, whether as a specific bequest or as part of the residuary estate under the Last Will and Testament of Mortimer Graves, or whether it may pass to me by virtue of my status as a distributee of the deceased under the laws of any applicable jurisdiction.

Dated:

STATE OF TEXAS

COUNTY OF

Before me, _____ a notary public, on this day personally appeared _____, known to me (or proved to me on oath of or through _____ [description of identity card or other document]) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and official seal this _____ day of _____, _____.

Notary Public
My commission expires on _____

In the matter of the Estate of Mortimer Graves, Deceased

AFFIDAVIT OF NO CONSIDERATION

STATE OF TEXAS, COUNTY OF

, being duly sworn, deposes and says that:

I have, by the attached Disclaimer and Renunciation of Interest, irrevocably disclaimed and renounced all interests in certain property more particularly described in said instrument. I have not received and will not receive any consideration in money or money's worth for the execution of said instrument from any person whose interest is to be accelerated.

Dated:

Subscribed and sworn to before me
on

Notary Public
My commission expires on

I, the undersigned Executor of the estate of Mortimer Graves, hereby acknowledge receipt of the Disclaimer and Renunciation of Interest, dated _____, executed by _____, and the related Notice of Disclaimer and Renunciation and Affidavit of No Consideration.

Dated:

DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES

Directive made this 1st day of July, 2009.

I, **Mortimer Graves**, presently residing at 1313 Mockingbird Lane, Lubbock, TX, and being an adult of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below, and I hereby declare:

If, in the judgment of my physician, I am either (a) suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care, or (b) suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care, then in either such event I direct that life-sustaining treatment be withheld and withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to keep me comfortable and to relieve pain. The procedures and treatment to be withheld and withdrawn include, without limitation, surgery, antibiotics, cardiac and pulmonary resuscitation, respiratory support, and artificially administered nutrition and hydration.

If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of available medical treatment provided within the prevailing standards of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort.

After signing this document, if I or my representative elect hospice care for me, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatment.

As used herein the following terms have the following meanings:

"ARTIFICIAL NUTRITION AND HYDRATION" means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach or gastrointestinal tract.

"IRREVERSIBLE CONDITION" means a condition, injury or illness: (1) that may be treated, but is never cured or eliminated; (2) that leaves a person unable to care for or make decisions for the person's own self; and (3) that, without life-sustaining treatment provided in accordance with prevailing standards of medical care, is fatal.

"LIFE SUSTAINING TREATMENT" means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial nutrition and hydration. The term does not include administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

"TERMINAL CONDITION" means an incurable condition caused by injury, disease or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standards of medical care.

If, upon my death, any of my tissue or organs would be of value for transplantation, I freely give my permission to the donation of such tissue or organs for such purpose. However, being a hopeless romantic, I do not want my heart to be donated.

In the absence of my ability to give directions regarding the use of life-sustaining treatment, it is my intention that this directive shall be honored by my family, physicians, health care facilities and all concerned with my care as the final expression of my legal right to refuse medical or surgical treatment including without limitation the administration of life-sustaining treatment. I accept the consequences of such refusal.

I have read and understand the full import and meaning of this directive, and I am aware that this directive authorizes a physician to withhold and withdraw life-sustaining treatment. I am emotionally and mentally competent to make this directive. I understand that I may revoke this directive at any time. It is my intention that this directive shall be valid and in effect until I revoke it. No other person may do so.

Mortimer Graves

WITNESS:

We, _____ and _____, each hereby attest and declare under penalty of perjury under the laws of the State of Texas that: (1) the foregoing instrument was personally signed by Mortimer Graves in my presence, and thereupon I, at his request and in his presence and in the presence of the other witnesses, have hereunto subscribed my name as a witness; (2) I did not sign the above signature of Mortimer Graves for or at his direction; (3) I personally know Mortimer Graves and believe him to be of sound mind and under no constraint, duress, fraud or undue influence; (4) I am not related to Mortimer Graves by blood, marriage or adoption; (5) I am not entitled (to the best of my knowledge and belief) to any portion of the estate of Mortimer Graves upon his death under any will or codicil of Mortimer

Graves or by operation of law; (6) I do not have any present or inchoate claim against any portion of the estate of Mortimer Graves; (7) I do not have any financial responsibility for the medical care of Mortimer Graves; (8) I am not a physician or an employee of any physician, and I am not an operator or employee of, or patient in, any hospital, health care provider, residential care facility, community care facility, skilled nursing facility or similar institution; and I am not involved in providing patient care to Mortimer Graves and I am not an officer, director, partner or business office employee of any health care facility or any parent organization of any health care facility; and (9) I and Mortimer Graves are both at least 18 years of age.

Dated: July 1, 2009

residing at

residing at

MEDICAL POWER OF ATTORNEY

WARNING TO PERSON EXECUTING THIS DOCUMENT --

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE EXECUTING THIS DOCUMENT YOU SHOULD KNOW THESE IMPORTANT FACTS:

EXCEPT TO THE EXTENT YOU STATE OTHERWISE, THIS DOCUMENT GIVES THE PERSON YOU NAME AS YOUR AGENT THE AUTHORITY TO MAKE ANY AND ALL HEALTH CARE DECISIONS FOR YOU IN ACCORDANCE WITH YOUR WISHES, INCLUDING YOUR RELIGIOUS AND MORAL BELIEFS, WHEN YOU ARE NO LONGER CAPABLE OF MAKING THEM YOURSELF. BECAUSE "HEALTH CARE" MEANS ANY TREATMENT, SERVICE OR PROCEDURE TO MAINTAIN, DIAGNOSE OR TREAT YOUR PHYSICAL OR MENTAL CONDITION, YOUR AGENT HAS THE POWER TO MAKE A BROAD RANGE OF HEALTH CARE DECISIONS FOR YOU. YOUR AGENT MAY CONSENT, REFUSE TO CONSENT, OR WITHDRAW CONSENT TO MEDICAL TREATMENT AND MAKE DECISIONS ABOUT WITHDRAWING OR WITHHOLDING LIFE-SUSTAINING TREATMENT. YOUR AGENT MAY NOT CONSENT TO VOLUNTARY INPATIENT MENTAL HEALTH SERVICE, CONVULSIVE TREATMENT, OR PSYCHOSURGERY. A PHYSICIAN MUST COMPLY WITH YOUR AGENT'S INSTRUCTIONS OR ALLOW YOU TO BE TRANSFERRED TO ANOTHER PHYSICIAN.

EXCEPT AS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO CONSENT TO YOUR PHYSICIAN NOT GIVING TREATMENT OR STOPPING TREATMENT NECESSARY TO KEEP YOU ALIVE.

NOTWITHSTANDING THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOURSELF SO LONG AS YOU CAN GIVE INFORMED CONSENT WITH RESPECT TO THE PARTICULAR DECISION. NO TREATMENT MAY BE GIVEN TO YOU OVER YOUR OBJECTION AT THE TIME, AND HEALTH CARE NECESSARY TO KEEP YOU ALIVE MAY NOT BE STOPPED OR WITHHELD IF YOU OBJECT AT THE TIME.

YOUR AGENT'S AUTHORITY BEGINS WHEN YOUR PHYSICIAN CERTIFIES THAT YOU LACK THE COMPETENCE TO MAKE HEALTH CARE DECISIONS.

YOUR AGENT IS OBLIGATED TO FOLLOW YOUR INSTRUCTIONS WHEN MAKING DECISIONS ON YOUR BEHALF. UNLESS YOU STATE OTHERWISE, YOUR AGENT HAS THE SAME AUTHORITY TO MAKE DECISIONS ABOUT YOUR HEALTH CARE AS YOU WOULD HAVE HAD.

UNLESS YOU SPECIFY A SHORTER PERIOD IN THIS DOCUMENT, THE POWERS GIVEN BY THIS DOCUMENT WILL EXIST UNTIL YOU REVOKE THIS DOCUMENT.

YOU HAVE THE RIGHT TO REVOKE THIS DOCUMENT BY NOTIFYING YOUR AGENT OR YOUR ATTENDING PHYSICIAN, HOSPITAL OR OTHER HEALTH CARE PROVIDER ORALLY OR IN WRITING OF THE REVOCATION. UNLESS YOU STATE OTHERWISE, THE APPOINTMENT OF YOUR WIFE AS YOUR AGENT ENDS IF YOU BECOME DIVORCED.

THIS DOCUMENT REVOKES ANY PRIOR MEDICAL POWER OF ATTORNEY FOR HEALTH CARE, UNLESS YOU INDICATE OTHERWISE IN THIS DOCUMENT.

WHEN ACTING PURSUANT TO THIS DOCUMENT, YOUR AGENT HAS THE RIGHT TO EXAMINE YOUR MEDICAL AND HEALTH CARE RECORDS AND TO CONSENT TO THEIR DISCLOSURE, UNLESS YOU LIMIT THIS RIGHT IN THIS DOCUMENT.

UNLESS YOU OTHERWISE SPECIFY IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER AFTER YOU DIE TO DONATE YOUR BODY OR PARTS THEREOF FOR TRANSPLANT AND TO DIRECT THE DISPOSITION OF YOUR REMAINS.

IT IS IMPORTANT THAT YOU UNDERSTAND THE NATURE AND RANGE OF DECISIONS THAT MAY BE MADE ON YOUR BEHALF. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK YOUR ATTORNEY OR PHYSICIAN TO EXPLAIN IT TO YOU. YOU SHOULD DISCUSS THIS DOCUMENT WITH YOUR AGENT.

YOUR AGENT MAY NEED THIS DOCUMENT IMMEDIATELY IN CASE OF AN EMERGENCY THAT REQUIRES A DECISION CONCERNING YOUR HEALTH CARE. EITHER KEEP THIS DOCUMENT WHERE IT IS IMMEDIATELY AVAILABLE TO YOUR AGENT AND ALTERNATE AGENT OR GIVE EACH OF THEM AN EXECUTED COPY OF THIS DOCUMENT. YOU ALSO MAY WANT TO GIVE YOUR PHYSICIAN AN EXECUTED COPY OF THIS DOCUMENT.

THIS DOCUMENT MAY NOT BE CHANGED OR MODIFIED. IF YOU WANT TO MAKE CHANGES IN THIS DOCUMENT YOU MUST MAKE AN ENTIRELY NEW ONE.

MEDICAL POWER OF ATTORNEY

TO: My family, physicians and all those concerned with my care

(1) DESIGNATION OF HEALTH CARE AGENT: I, **Mortimer Graves**, presently residing at 1313 Mockingbird Lane, Lubbock, TX, and being an adult of sound mind, hereby appoint and authorize my wife, **Morticia Graves**, presently residing at 1313 Mockingbird

Lane, Lubbock, TX, tel. no.: 123-456-7890, as my agent and attorney-in-fact to act for me and in my name to make and communicate health care decisions for me as authorized in this document. For purposes of this document, "health care decision" shall mean consent, refusal of consent, or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat any medical or physical condition.

(2) CREATION OF MEDICAL POWER OF ATTORNEY FOR HEALTH CARE: By this document I intend to create a medical power of attorney for health care. This medical power of attorney for health care takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

(3) GENERAL STATEMENT OF AUTHORITY GRANTED: Subject to any limitations in this document, in the event I at any time do not have the capacity to make informed health care decisions for myself, I hereby grant to my agent full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are consistent with my desires as stated in this document or otherwise made known to my agent, including without limitation my desires concerning obtaining or refusing or withdrawing life-sustaining care, treatment, services and procedures.

(4) STATEMENT OF DESIRES, SPECIAL PROVISIONS AND LIMITATIONS: In exercising the authority under this medical power of attorney for health care, my agent shall act consistently with my desires as stated below and is subject to any special provisions and limitations stated below:

If, in the judgment of my physician, I am either (a) suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care, or (b) suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care, then in either such event I direct that life-sustaining treatment be withheld and withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to keep me comfortable and to relieve pain. The procedures and treatment to be withheld and withdrawn include, without limitation, surgery, antibiotics, cardiac and pulmonary resuscitation, respiratory support, and artificially administered nutrition and hydration.

If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of available medical treatment provided within the prevailing standards of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort.

After signing this document, if I or my agent elect hospice care for me, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatment.

As used herein the following terms have the following meanings:

"ARTIFICIAL NUTRITION AND HYDRATION" means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach or gastrointestinal tract.

"IRREVERSIBLE CONDITION" means a condition, injury or illness: (1) that may be treated, but is never cured or eliminated; (2) that leaves a person unable to care for or make decisions for the person's own self; and (3) that, without life-sustaining treatment provided in accordance with prevailing standards of medical care, is fatal.

"LIFE SUSTAINING TREATMENT" means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial nutrition and hydration. The term does not include administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

"TERMINAL CONDITION" means an incurable condition caused by injury, disease or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standards of medical care.

I further delegate to my agent and attorney-in-fact the power and authority to select, employ and discharge health care personnel, such as physicians, nurses, therapists, hospice care and home health care providers, and other medical professionals; to admit or discharge me (including transfer from another facility) from any hospital, hospice, nursing home, adult home or other medical care facility; to apply for public benefits to defray the cost of health care; and to contract in my name and on my behalf for all health care services, including without limitation medical, nursing and hospital care, as my agent and attorney-in-fact may deem appropriate. I confirm that I shall be and remain personally liable for the payment of all such care and services to the same extent as if I had personally contracted therefor.

I authorize my agent and attorney-in-fact to donate all or any part of my body for transplantation, or to otherwise direct the disposition of my remains. However, being a hopeless romantic, I do not want my heart to be donated.

(5) INSPECTION AND DISCLOSURE OF INFORMATION: I grant to my agent the authority and power to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, and the regulations in 45 C.F.R. Sec. 160 et seq., and any other applicable federal, state or local laws or regulations (collectively "HIPAA"), including the authority to request, receive, obtain and

review, and be granted full and unlimited access to, and consent to the disclosure of complete unredacted copies of any and all health, medical and financial information and any information or records referred to in 45 C.F.R. Sec. 164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under HIPAA. I understand that health and medical records can include information relating to subjects such as sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, and treatment for alcohol or drug abuse or addiction. I understand that I may have access to or receive an accounting of the information to be used or disclosed as provided in 45 C.F.R. Sec. 164.524 et seq. I further understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that such further disclosure may not be protected under HIPAA. In order to induce the disclosing party to disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure. I authorize my agent to execute any and all releases or other documents that may be necessary in order to obtain disclosure of my patient records and other medical information subject to and protected by HIPAA.

(6) SIGNING DOCUMENTS, WAIVERS AND RELEASES: I authorize my agent and attorney-in-fact to execute on my behalf any documents necessary or desirable to implement the health care decisions that my agent and attorney-in-fact is authorized to make pursuant to this document, including without limitation all documents pertaining to a refusal to permit medical treatment, or authorizing the leaving of a medical facility against medical advice, or any waivers or releases from liability required by a physician or health care provider.

(7) DURATION: Unless I specify a shorter period below, this power of attorney shall exist until this document is revoked. This power of attorney shall expire on:

[Note: Fill in an expiration date ONLY IF you want the authority of your agent to end on a specific date.]

If I am unable to make health care decisions for myself when this power of attorney expires (on the date I may have inserted above), the authority I have granted to my agent and attorney-in-fact continues to exist until the time I become able to make health care decisions for myself.

(8) DESIGNATION OF ALTERNATE AGENTS: If the person designated as my agent in paragraph (1) is not available or becomes ineligible to act as my agent to make a health care decision for me or loses the mental capacity to make health care decisions for me, or if I revoke that person's appointment or authority to make health care decisions for me, then I designate and appoint the following persons, in the order listed below, to serve as my agent to make health care decisions for me as authorized in this document:

[Note: You may insert the name, address and telephone number of any successor agent you wish to appoint.]

(9) PRIOR DESIGNATIONS REVOKED: I revoke any prior medical power of attorney for health care.

(10) ACKNOWLEDGMENT OF DISCLOSURE STATEMENT: I have read and understand the full import and meaning of this document and the foregoing disclosure statement, and I am aware that this document authorizes a physician to withhold and withdraw life-sustaining treatment. I am emotionally and mentally competent to make this document.

If any provision of this document is held to be invalid or unenforceable, the remainder of this document shall continue in full force and effect.

IN WITNESS WHEREOF, I sign my name to this medical power of attorney for health care, as my free and voluntary act and deed, at

this 1st day of July, 2009.

Mortimer Graves

WITNESS:

We, _____ and _____, each hereby attest and declare under penalty of perjury under the laws of the State of Texas that: (1) the foregoing instrument was personally signed by Mortimer Graves in my presence, and thereupon I, at his request and in his presence and in the presence of the other witnesses, have hereunto subscribed my name as a witness; (2) I did not sign the above signature of Mortimer Graves for or at his direction; (3) I personally know Mortimer Graves and believe him to be of sound mind and under no constraint, duress, fraud or undue influence; and Mortimer Graves has affirmed that he is aware of the nature of the document and is signing it voluntarily and free from duress; (4) I am not related to Mortimer Graves by blood, marriage or adoption; (5) I am not entitled (to the best of my knowledge and belief) to any portion of the estate of Mortimer Graves upon his death under any will or codicil of Mortimer Graves or by operation of law; (6) I do not have any present or inchoate claim against any portion of the estate of Mortimer Graves; (7) I do not have any financial responsibility for the medical care of Mortimer Graves; (8) I am not a physician or an employee of any physician, and I am not an operator or employee of, or patient in, any hospital, health care provider, residential care facility, community care facility, skilled nursing facility or similar institution; and I am not involved in providing patient care to Mortimer Graves and I am not an officer, director, partner or business office employee of any health care facility

or any parent organization of any health care facility; (9) I am not a person named as agent in this instrument; and (10) I and Mortimer Graves are both at least 18 years of age.

Dated: July 1, 2009

residing at

residing at
