

# POWER OF ATTORNEY

## NEW YORK STATUTORY SHORT FORM

- (a) **CAUTION TO THE PRINCIPAL:** Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. “Important Information for the Agent” at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a “Health Care Proxy” to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, [www.senate.state.ny.us](http://www.senate.state.ny.us) or [www.assembly.state.ny.us](http://www.assembly.state.ny.us).

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

**(b) DESIGNATION OF AGENTS:**

I, FAITH THEODORA MCLEOD, of 1163 Putnam Ave, Brooklyn, New York, hereby appoint:

MICHAEL CLAUDIUS MCLEOD, of 41 Cambridge Pl., Brooklyn, New York 11238, as my agent.

If you designated more than one agent above, they must act together unless you initial the statement below:

James My agents may act SEPARATELY.

**(c) DESIGNATION OF SUCCESSOR AGENTS: (OPTIONAL)**

If any agent named above is unable or unwilling to serve, I appoint as my successor agent(s):

SYLVIA ROSE BINNS, of Brooklyn, New York.

ELIZABETH VICTORIA NOEL, of Silver Spring, Maryland.

Successor agents designated above must act together unless you initial the statement below.

James My successor agents may act SEPARATELY.

You may provide for specific succession rules in this section. Insert specific succession provisions here:

The above named successor agents shall serve individually and in the order as listed above.

**(d) This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under "Modifications".**

**(e) This POWER OF ATTORNEY DOES NOT REVOKE any prior Powers of Attorney previously executed by me unless I have stated otherwise below, under "Modifications".**

If you do NOT intend to revoke your prior Powers of Attorney, and if you have granted the same authority in this Power of Attorney as you granted to another agent in a prior Power of Attorney, each agent can act separately unless you indicate under "Modifications" that the agents with the same authority are to act together.

**(f) GRANT OF AUTHORITY:**

To grant your agent some or all of the authority below, either

(1) Initial the bracket at each authority you grant, or

(2) Write or type the letters for each authority you grant on the blank line at (P), and initial the bracket at (P). If you initial (P), you do not need to initial the other lines.

I grant authority to my agent(s) with respect to the following subjects as defined in §§5-1502A through 5-1502N of the New York General Obligations Law:

James (A) real estate transactions;

- (B) chattel and goods transactions;
- (C) bond, share, and commodity transactions;
- (D) banking transactions;
- (E) business operating transactions;
- (F) insurance transactions;
- (G) estate transactions;
- (H) claims and litigation;
- (I) personal and family maintenance. If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five hundred dollars;
- (J) benefits from governmental programs or civil or military service;
- (K) health care billing and payment matters; records, reports, and statements;
- (L) retirement benefit transactions;
- (M) tax matters;
- (N) all other matters;
- (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
- (P) EACH of the matters identified by the following letters: A, B, C, D, E, F, G, H, I, J, K, L, M, N, and O.

You need not initial the other lines if you initial line (P).

**(g)MODIFICATIONS: (OPTIONAL)**

In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent. However, you cannot use this Modifications section to grant your agent authority to make gifts or changes to interests in your property. If you wish to grant your agent such authority, you MUST complete the Statutory Gifts Rider.

1. My agent has the power and authority to request, review, and receive, to the extent I could do so individually, any information, verbal or written, regarding my physical or mental health, including, but not limited to, my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164. I hereby authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose, and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present, or future medical or mental health condition. This authority given my agent shall supersede any other agreement

which I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. This authority given my agent shall be effective immediately, has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

2. My agent has the power and authority to take any actions in connection with any digital accounts, assets and/or rights, including the power to access, continue, modify, or terminate existing accounts; create or change any "passwords" and/or "user identification profiles".
3. My agent has the power and authority to create an irrevocable trust on my behalf wherein the beneficial interests at my death shall be the same as the dispositive provisions in any revocable trust created by me and in effect on the date such irrevocable trust is created (provided, if no such revocable trust exists, the dispositive provisions of my Last Will and Testament shall be used), to name the Trustees and successor Trustees of such irrevocable trust, and to fund such irrevocable trust with all or any assets of mine or other interests in property which are capable of being held in said trust, including those assets which may then be held in a revocable trust for my benefit. This authority includes the power to create and fund a trust which may qualify me for Medicaid. My Agent may serve as the Trustee of the trust. My Agent shall have the power to exercise whatever trust powers or elections which I may exercise.
4. In addition, I make the following additional modifications:

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**(h) CERTAIN GIFT TRANSACTIONS: STATUTORY GIFTS RIDER (OPTIONAL)**

In order to authorize your agent to make gifts in excess of an annual total of \$500 for all gifts described in (I) of the grant of authority section of this document (under personal and family maintenance), you must initial the statement below and execute a Statutory Gifts Rider at the same time as this instrument. Initialing the statement below by itself does not authorize your agent to make gifts. The preparation of the Statutory Gifts Rider should be supervised by a lawyer.

 (SGR) I grant my agent authority to make gifts in accordance with the terms and conditions of the Statutory Gifts Rider that supplements this Statutory Power of Attorney.

**(i) DESIGNATION OF MONITOR(S): (OPTIONAL)**

I wish to designate \_\_\_\_\_, whose address is \_\_\_\_\_, as monitor. Upon the request of the monitor, my agent(s) must provide the monitor with a copy of the power of attorney and a record of all transactions done or made on my behalf; unless reasonable cause exists to require otherwise, the agent shall not be obligated by the monitor to provide financial

details or accountings more frequently than annually. Third parties holding records of such transactions shall provide the records to the monitor upon request.

**(j) COMPENSATION OF AGENT(S): (OPTIONAL)**

Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. If you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, initial the statement below. If you wish to define "reasonable compensation", you may do so above, under "Modifications".

( ) My agent(s) shall be entitled to reasonable compensation for services rendered.

**(k) ACCEPTANCE BY THIRD PARTIES:**

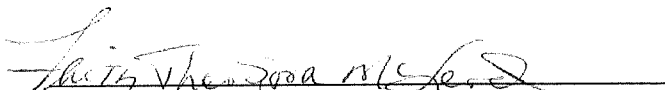
I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

**(l) TERMINATION:**

This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in §5-1511 of the General Obligations Law. §5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

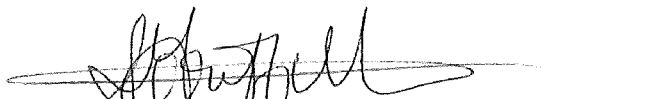
**(m) SIGNATURE AND ACKNOWLEDGMENT:**

In Witness Whereof, I have hereunto signed my name on this 24<sup>th</sup> day of November, 2012.

  
FAITH THEODORA MCLEOD

State of New York  
County of Kings ss.:

On this \_\_\_ day of November, 2012, before me, the undersigned, personally appeared FAITH THEODORA MCLEOD, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

  
Notary Public

Susan Griffith  
Notary Public State of New York  
No. 01GR5001619  
Qualified in Kings County  
Commission Expires 3/19/16

11/24/12

**(n) IMPORTANT INFORMATION FOR THE AGENT**

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

1. act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
2. avoid conflicts that would impair your ability to act in the principal's best interest;
3. keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
4. keep a record of all receipts, payments, and transactions conducted for the principal; and
5. disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners: (Principal's Name) by (Your Signature) as Agent, or (Your Signature) as Agent for (Principal's Name).

You may not use the principal's assets to benefit yourself or anyone else or make gifts to yourself or anyone else unless the principal has specifically granted you that authority in this document, which is either a Statutory Gifts Rider attached to a Statutory Short Form Power of Attorney or a Non-Statutory Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest. You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent:

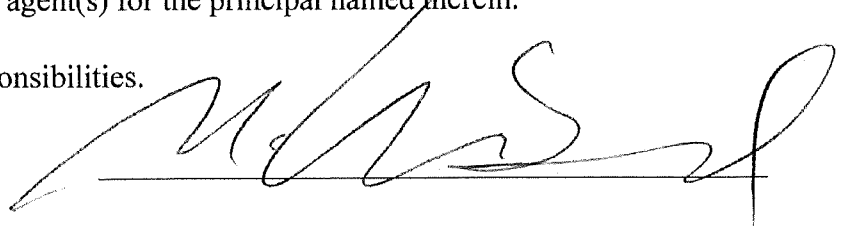
The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

**(o) AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:** It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I/we, MICHAEL CLAUDIUS MCLEOD, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as agent(s) for the principal named therein.

I/we acknowledge our legal responsibilities.

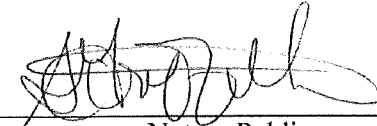
Agent(s) sign(s) here:

A handwritten signature in black ink, appearing to read 'Michael Claudius McLeod', is written over a horizontal line. The signature is fluid and cursive.

State of New York  
County of Kings

ss.:

On this 24 day of November, 2012, before me, the undersigned, personally appeared MICHAEL CLAUDIUS MCLEOD, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.


  
\_\_\_\_\_  
Notary Public

Susan Griffith  
Notary Public State of New York  
No. 01GR5001619  
Qualified in Kings County  
Commission Expires 8/14/16

(p) **SUCCESSOR AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:** It is not required that the principal and the SUCCESSOR agent(s) sign at the same time, nor that multiple SUCCESSOR agents sign at the same time. Furthermore, successor agents can not use this power of attorney unless the agent(s) designated above is/are unable or unwilling to serve.

I/we, SYLVIA ROSE BINNS and ELIZABETH VICTORIA NOEL, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as SUCCESSOR agent(s) for the principal named therein.

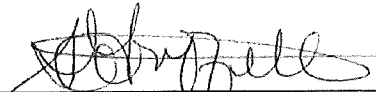
  
\_\_\_\_\_  
SYLVIA ROSE BINNS

  
\_\_\_\_\_  
ELIZABETH VICTORIA NOEL

State of New York  
County of Kings

ss.:

On this 24 day of November, 2012, before me, the undersigned, personally appeared SYLVIA ROSE BINNS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

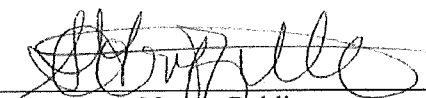
  
\_\_\_\_\_  
Notary Public

Susan Griffith  
Notary Public State of New York  
No. 01GR5001619  
Qualified in Kings County  
Commission Expires 8/14/16

State of New York  
County of Kings

ss.:

On this 24 day of November, 2012, before me, the undersigned, personally appeared ELIZABETH VICTORIA NOEL, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

  
\_\_\_\_\_  
Notary Public

Susan Griffith  
Notary Public State of New York  
No. 01GR5001619  
Qualified in Kings County  
Commission Expires 8/14/16