

STATUTORY DURABLE POWER OF ATTORNEY

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 questions about these powers, obtain competent legal advice. This document does not authorize anyone to make medical and other health care decisions for you. You may revoke this Power of Attorney if you later wish to do so.

I, MAURINE P. HAMILTON, 9008 East Drive, Austin, Texas 78753-5112 appoint SYLVIA LYNN HAMILTON, Austin, Texas 78753 -5112, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following except for a power that I have crossed out below.

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

- (A) REAL PROPERTY TRANSACTIONS;
- (B) TANGIBLE PERSONAL PROPERTY TRANSACTIONS;
- (C) STOCK AND BOND TRANSACTIONS;
- (D) COMMODITY AND OPTION TRANSACTIONS;
- (E) BANKING AND OTHER FINANCIAL INSTITUTION TRANSACTIONS;
- (F) BUSINESS OPERATING TRANSACTIONS;
- (G) INSURANCE AND ANNUITY TRANSACTIONS;
- (H) ESTATE, TRUST, AND OTHER BENEFICIARY TRANSACTIONS;
- (I) CLAIMS AND LITIGATION;
- (J) PERSONAL AND FAMILY MAINTENANCE;

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_____ (K) BENEFITS FROM SOCIAL SECURITY, MEDICARE, MEDICAID,
OR OTHER GOVERNMENTAL PROGRAMS OR CIVIL OR
MILITARY SERVICE;

_____ (L) RETIREMENT PLAN TRANSACTIONS;

_____ (M) 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 AGENT (ATTORNEY IN FACT) SHALL HAVE THE POWER AND AUTHORITY TO PERFORM OR UNDERTAKE ANY ACTION I COULD PERFORM OR UNDERTAKE IF I WERE PERSONALLY PRESENT.

SPECIAL INSTRUCTIONS:

Special instructions applicable to gifts (initial in front of the following sentence to have it apply):

MPH (N) My agent shall have the power and authority to make gifts out of that portion of my estate that my agent determines is not required for my support during my lifetime to any one or more of the following persons or organizations without the necessity of any court approval or judicial action of any kind if my agent deems the gifts to be in the best interests of my family, for tax savings purposes or otherwise: (i) organizations to which charitable contributions may be made under the Internal Revenue Code and in which I have an interest; (ii) my heirs at law who are identifiable at the time of the gift; (iii) devisees under what my agent reasonably believes is my latest validly executed will; and (iv) my agent, if my agent is eligible under either category (ii) or (iii) above. In exercising this power and authority, I remind my agent that he or she is acting in a fiduciary capacity.

You may give special instructions limiting or extending the powers granted to your agent.

(O) My agent shall have the right to disclaim any property by complying with the requirements set forth in Section 2518 of the Internal Revenue Code and Section 37A of the Texas Probate Code or any successor statutes.

(P) My agent shall have the power and authority to create a trust for my benefit, naming my agent as trustee or, if my agent so chooses, naming a bank or trust company with assets under management as trustee, which trust may also

benefit my spouse and descendants, and to transfer all or any part of my property or estate to the trust so created or to any existing trust of which I am a beneficiary, even though my agent may be the trustee.

(Q) Although this instrument contains modifications of the statutory durable power of attorney form found in Tex. Prob. Code. Ann § 490, I intend for it to be a "statutory durable power of attorney" as provided in that section and to be construed as such.

Unless you direct otherwise above, this Power of Attorney is effective immediately and will continue until it is revoked.

Choose one of the following alternatives by crossing out the alternative not chosen:

- (A) This Power of Attorney is not affected by my subsequent disability or incapacity.
- ~~(B) This Power of Attorney becomes effective upon my disability or incapacity.~~

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOOSE ALTERNATIVE (A).

If Alternative (B) is chosen and a definition of my disability or incapacity is not contained in this power of attorney, I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician certifies in writing at a date later than the date this power of attorney is executed that, based on the physician's medical examination of me, I am mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts the power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by a physician of my disability or incapacity.

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REVOCATION OF PREVIOUS POWERS OF ATTORNEY:

I hereby revoke all previous powers of attorney previously executed by me in Texas or in any other state. I specifically revoke any and all powers of attorney executed by me which names ALLAN HAMILTON as my agent.

REVOCATION OF THIS POWER OF ATTORNEY:

I agree that any third party who receives a copy of this document may act under it. Revocation of the Durable Power of Attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.

SUCCESSOR AGENTS:

If the agent named by me dies, becomes legally disabled, resigns, or refuses to act, I name DANNY DAVILA as successor to that agent.

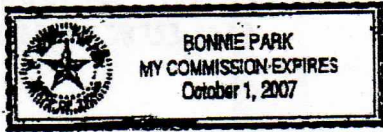
SIGNED this 6th day of August, 2004.

Maurine P. Hamilton
MAURINE P. HAMILTON

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THE STATE OF TEXAS §
§
COUNTY OF TRAVIS §

This document was acknowledged before me on the 6th day of August, 2004, by MAURINE P. HAMILTON



Bonnie Park
NOTARY PUBLIC

(SEAL)

Bonnie Park
PRINTED NAME

MY COMMISSION
EXPIRES: 10-1-07

The Attorney in Fact or Agent, by accepting or acting under the appointment, assumes the fiduciary and other legal responsibilities of an Agent.

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