DURABLE GENERAL POWER OF ATTORNEY 0005524328

OF MAURINE P. HAMILTON

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING-THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTURNEY 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 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, residing at 9902 Childress Drive, Austin, Texas 78753-4332 and my social security number being 459-20-2593, appoint SYLVIA L. HAMILTON, 9908 East Drive, Apt. B, Austin, Texas 78753, (512) 873-0990, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL:		
	(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:
C2000	(G)	insurance and annuity transactions;
	(H)	estate, trust and other beneficiary transactions;
	(f)	claims and litigation;
	(J)	personal and family maintenance;
	(K)	benefits from social security, Medicare, Medicaid or other governmental programs or civil
		or military service.
	(L)	retirement plan transactions;
	(M)	tax matters;
NA H	(N)	ALL OF THE POWERS LISTED IN (A) THROUGH (M). YOU NEED NOT INITIAL
		ANY OTHER LINES IF YOU INITIAL LINE (N).

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SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

To begin or continue a gift program for the benefit of any of my children or grandchildren or to continue a gift program (or fulfill a pledge) to charitable organizations, by transferring either directly or indirectly to one or more of these donees such cash, stocks, bonds, securities, or other property and interest in property (consisting of any property, real, personal or mixed of whatsoever kind, wheresoever located and whensoever acquired) as and when my attorney may think proper and in such amounts consistent with my prior gifts, my current estate, the tax benefits (estate, gift, and/or income) of any such gifts, and the donee's respective needs.

To convey and transfer all or any part of my property (real, personal, and mixed) to the Trustee of the Alfred Hamilton and Maurine P. Hamilton Revocable Living Trust, dated trustee in accordance with terms and conditions of said Trust; and to execute any and all instruments of conveyance to make any endorsements and acknowledgments that may be necessary to convey and transfer said property, and to do anything else that I might reasonably do in order to transfer all or any part thereof to said Trust.

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 incopacity.



(B) This power of attorney becomes effective upon my disability or incapacity.

(NOTE: Disability or incapacity must be evidenced by either a court order holding the party to be incapacitated or written certification acknowledged by two licensed physicians stating that the party has become disabled or incapacitated)

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 CHOSE ALTERNATIVE (A).

I hereby revoke all previous Powers of Attorney executed by me. I agree that any third party who receives a copy of this apcument 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.

If any agent named by me dies, becomes legally disabled, resigns or refuses to act, I name the following (each to act alone and successively, in the order named) as successor(s) to that agent:

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MARTHA FRANCES LUÇO

9862 Childress Drive Austin, Texas 78753 (512) 834-2198

ALFRED HAMILTON

9902 Childress Drive Austin, Texas 78753-4332 (512) 836-1930

ALAN L. HAMILTON 9902 Childress Drive Austin, Texas 78753-4332 (512) 836-1930

SIGNED this 18th day of December

MAURINE P. HAMILTON

STATE OF TEXAS LAVACA COUNTY OF TRAVIS

TRAV.15 This document was acknowledged before me on the 18^{-2}



orary Public, State of Texas After Recording Return

Mr. and Mrs. Alfred Hamilton 9902 Childress Drive

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