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DURABLE GENERAL POWER OF ATTORNEY
created pursuant to ARS Section 14-5501

IDENTIFICATION OF PRINCIPAL, AND INTENT TO CREATE A DURABLE GENERAL POWER OF ATTORNEY: I, **BARBARA ANN WHITNEY**, a resident of Pima County, State of Arizona, the "Principal", intending hereby to create a Durable General Power of Attorney pursuant to A.R.S. Section 14-5501, do hereby nominate, constitute, and appoint as my agent(s), for me and in my name, place and stead, and for my sue and benefit:

IDENTIFICATION OF AGENT AND/OR SUCCESSOR AGENT:

CYNTHIA ANN BUHRIG, acting alone, or in the event she is unable to act as my Agent, **LINDA SWANK**, acting alone.

REVOCATION OF PREVIOUS POWERS OF ATTORNEY: I further hereby revoke any and all previous Powers of Attorney, general or limited, other than Health Care Powers of Attorney, previously given by me to any person or persons whomsoever.

ENUMERATION OF POWERS GRANTED:

To ask, demand, sue for, recover, collect and receive all such sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities, employee benefits, pension plans, IRA accounts, deferred compensation accounts, annuities and investments of all types, insurance benefits (including the power to change designation of beneficiary and/or ownership on any insurance policy on my life) and demands whatsoever as are now or shall hereafter become due, owing, payable or belonging to me and have, use, and take all lawful ways and means in my name or otherwise for the recovery thereof, by attachments, arrests, distress, or otherwise, and to compromise and agree for the same and give sufficient discharges and releases;

For me and in my name, to make, execute and deliver, to bargain, contract, agree for, purchase, receive and take lands and all or any interest in real or personal property, and accept the possession of all kinds, and all or any interest in real or personal property, and all deeds and other assurances, in the law therefore, and to lease, let, demise, bargain, sell, release, convey, mortgage and encumber all or any interest in real or personal property, upon such terms and conditions and under such covenants as said agent shall think fit;

Also to bargain and agree for, buy, sell, mortgage, and in any and every way and manner deal in and with goods, wares and merchandise, choices in action, and other real or personal property in possession or in action, and to make, do and transact all and every kind of business of whatsoever nature and kind;

And also for me and in my name and as my act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases, mortgages, deeds of trust, bills, bonds, notes, receipts, evidence of debt, releases and satisfaction of mortgage, deeds of trust, judgments and other debts and such other instruments in writing of whatsoever kinds and nature as may be necessary or proper in the premises;

Cynthia
Buhrig
Signed at Counter

And also to make withdrawals from or deposits to any financial institution, bank account or savings or loan account or other cash account in my name; and to enter and have free access to any safe deposit box in my name for the purpose of adding property thereto or removing property therefrom;

It is my intention in this General Power of Attorney, to grant to my agent(s) named herein, the broadest grant or authority permitted by law, without restriction. I believe that the more specifically powers are described herein, the less "general" this document becomes. I therefore have intentionally failed to enumerate all specific powers granted my agent(s) herein, for that very purpose. Further, it is my specific intent that this document shall remain valid from the effective date hereof until the date of my death, or until I specifically revoke this document, without the necessity of executing renewals hereof at any future date. My agent(s) are authorized to institute legal proceedings against any and all persons and/or entities that fail to recognize and give full legal effect to the authority herein granted, and to seek redress through the courts, if necessary, for costs and damages sustained by such refusal to act.

HIPAA RELEASE AUTHORITY. When in the process of determining my incapacity, all individually identifiable health information and medical records may be released to the person(s) nominated by me as relating as my agent(s), **CYNTHIA ANN BUHRIG**, and if she is unable to do so, **LINDA SWANK**, including any written opinion relating to my incapacity that the person(s) so nominated may have requested. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996, as amended, also known as HIPAA, 42 U.S.C. §1320d AND 45 CFR §§160-164. I further authorize any physician and/or health care professional to freely discuss with my nominated Agent(s) my conditions, prognosis and treatment, and to any medically related question posed by such person(s) so nominated.

The authority given my Agent(s) shall supercede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information.

EXPIRATION DATE. The authority given my Agent(s) 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.

GIVING AND GRANTING unto my said agent(s) full power and authority to do and perform every act necessary, requisite or proper to be done in and about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said agent(s) shall lawfully do or cause to be done by virtue hereof.

EFFECTIVE DATES OF THIS POWER OF ATTORNEY:

This power of attorney shall become effective as of the date hereof and shall not be affected by my subsequent period of disability or incapacity, of the lapse of time. Any action taken in good faith pursuant to the foregoing authority, without actual knowledge of my death, shall be binding upon me, my heirs, assigns, and personal representatives.


ACKNOWLEDGMENT BY PRINCIPAL

I, **BARBARA ANN WHITNEY**, the Principal, sign my name to this Power of Attorney, this 7th day of April, 2016, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my Power of Attorney and that I sign it willingly, or willingly direct another to sign for me. I execute it as my free and voluntary act for the purposes expressed in the Power of Attorney and that I am eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.


BARBARA ANN WHITNEY

ACKNOWLEDGMENT BY WITNESS


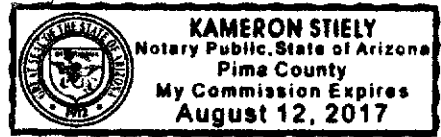
I, SHARON VALENCIA, the Witness, sign my name to the foregoing Power of Attorney, being first duly sworn, and do declare to the undersigned authority that the Principal signs and executes this instrument as her Power of Attorney and that she signs it willingly, or willingly directs another to sign for her. And that I, in the presence and hearing of the Principal, sign this Power of Attorney as Witness to the Principal's signing and that to the best of my knowledge, the Principal is eighteen (18) years of age or older, of sound mind and under no constraint or undue influence. I further state that I am not an Agent named herein, nor am I the Agent's spouse, the Agent's child, or the Notary Public signing this document.


WITNESS (Witness cannot be agent, agent's spouse, agent's children, or notary)

STATE OF ARIZONA)
) ss.
County of Pima)

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me by **BARBARA ANN WHITNEY**, the Principal, and subscribed and sworn to before me by SHARON VALENCIA, the Witness, on this 7th day of April, 2016.

My Commission Expires:
AUGUST 12, 2017


Notary Public


Kameron Stiely, AZCLDP #81632
AZ Statewide Paralegal, AZCLSP #80890