

BY: MEDICAL CENTER : 1-15-98 : 11:56AM : SUNRISE HOSPITAL -

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DESIGNATION OF HEALTHCARE AGENT

Thomas A. Costanzo (insert your name) do hereby designate and appoint:

Name: Ruth J. Costanzo
Address: Box 35 Caliente Nev 89008
Telephone Number: 702-726 3885

as my attorney-in-fact to make health care decisions for me as authorized in this document.

(Insert the name and address of the person you wish to designate as your attorney-in-fact to make health care decisions for you. Unless the person is also your spouse, legal guardian or the person most closely related to you by blood, none of the following may be designated as your attorney-in-fact: (1) your treating provider of health care; (2) an employee of your treating provider of health care; (3) an operator of a health care facility; or (4) an employee of an operator of a health care facility.)

2. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE

By this document, I intend to create a Durable Power of Attorney by appointing the person designated above to make health care decisions for me. This power of attorney shall not be affected by my subsequent incapacity.

3. GENERAL STATEMENT OF AUTHORITY GRANTED

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the attorney-in-fact named above full power, and authority to make health care decisions for me before, or after my death, including: consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat physical or mental condition, subject only to the limitations and special provisions, if any, set forth in paragraph 4 or 6.

4. SPECIAL PROVISIONS AND LIMITATIONS

(Your attorney-in-fact is not permitted to consent to any of the following: commitment to or placement in a mental health treatment facility, convulsive treatment, psychosurgery, sterilization, or abortion. If there are any other types of treatment or placement that you do not want your attorney-in-fact's authority to give consent for or other restrictions you wish to place on your attorney-in-fact's authority, you should list them in the space below. If you do not write any limitations, your attorney-in-fact will have the broad powers to make health care decisions on your behalf which are set forth in paragraph 3, except to the extent that there are limits provided by law.)

In exercising the authority under this Durable Power of Attorney for HealthCare, the authority of my attorney-in-fact is subject to the following special provisions and limitations:

I that under no circumstances will I sign any documents, legal, etc, Hospital admission or related form, any forms, attorney, transfer of any property, mortgages, or real estate and insurance, without the co-signature of my appointed ~~my~~ wife, Ruth Costanzo - this does not revoke my living will.

Thomas A. Costanzo
1/26/98
Ruth Costanzo - with respect to Costanzo's a partner or

BM 198 nrc 345

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STATEMENT OF WITNESSES

(You should carefully read and follow this witnessing procedure. This document will not be valid unless you comply with the witnessing procedure. If you elect to use witnesses instead of having this document notarized, you must use two qualified adult witnesses. None of the following may be used as a witness: (1) a person you designate as the attorney-in-fact; (2) a provider of health care; (3) an employee of a provider of health care; (4) the operator of a health care facility; (5) an employee of an operator of a health care facility. At least one of the witnesses must make the additional declaration set out following the place where the witnesses sign.)

I declare under penalty of perjury that the principal is personally known to me, that the principal signed or acknowledged the Durable Power of Attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney-in-fact by this document, and that I am not a provider of health care, an employee of a provider of health care, the operator of a community care facility, or an employee of an operator of a health care facility.

Signature: Sue A. Griffin

Print Name: Sue A. Griffin

Residence Address: 888 Lincoln St
Calumet, MI 49008

Date: 1-20-98

Signature: Brandi Lewis

Print Name: Brandi Lewis

Residence Address: PO Box 598
Pocahontas, MI 49043

Date: 1-20-98

(AT LEAST ONE OF THE ABOVE WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION.)

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(THIS POWER OF ATTORNEY WILL NOT BE VALID FOR MAKING HEALTH CARE DECISIONS UNLESS IT IS EITHER (1) SIGNED BY AT LEAST TWO QUALIFIED WITNESSES WHO ARE PERSONALLY KNOWN TO YOU AND WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE, OR (2) ACKNOWLEDGED BEFORE A NOTARY PUBLIC.)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

(You may use acknowledgement before a notary public instead of statement of witnesses.)

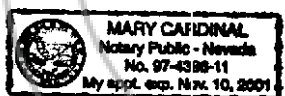
State of Nevada)
County of Lincoln ; ss

On this 20th day of January, in the year 1998, before me, Mary Cardinal
Ruth Costanzo (here insert name of notary public) personally appeared Thomas and

Ruth Costanzo (here insert name of principal) personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY SEAL

Mary Cardinal
(Signature of Notary Public)



AMENDMENT
TO
LIVING TRUST
OF

THOMAS ALESSIO AND RUTH LEONA COSTANZO
TRUSTORS

In accordance of paragraph # 4. RIGHTS OF TRUSTORS, Sub-paragraph (4.2) of
The Costanzo Family Trust # 1 filed and recorded (#103667 June 26th, 1995 in book
114 of official records, page 351 Lincoln County, Nevada, the Trustors hereby make
the following amendment(s):

Where As In the event of Mrs Ruth Leona Costanzo becomes temporarily
physically or mentally incapacitated, as certified by a competent attending medical
authority, the Successor Trustee, Thomas Alessio Costanzo may not willing or by any
enticement, be allowed to sign any documents, including legal forms, &

*contact SON Robert Costanzo
1-360-893-6643
Wash Wash*

Thomas Alessio Costanzo Ruth Leona Costanzo
THOMAS ALESSIO COSTANZO (DATE) *3-10-97* RUTH LEONA COSTANZO (DATE)



BRANDI LEWIS
Notary Public - Nevada
My comm. exp. Mar. 25, 2000
No. 96-2185-01

Brandi Lewis

COPY

NO. **111915**

FILED AND RECORDED AT REQUEST OF
Ruth Costanzo
November 25, 1998

AT 27 MINUTES PAST 10 O'CLOCK
AM IN BOOK 138 OF OFFICIAL
RECORDS PAGE 346 LINCOLN

COUNTY, NEVADA

Yuriko Setzer

COUNTY RECORDER
Yuriko Setzer deputy