

NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE, **CAT WOMAN** (YOUR “AGENT”), AND IF CAT WOMAN IS UNWILLING OR UNABLE TO SERVE, **RICHARD GRAYSON** (YOUR “AGENT”), BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT’S AUTHORITY.

YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH, BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 Pa. C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

BRUCE WAYNE (Principal)

(Date)

BRUCE WAYNE
DURABLE GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, **BRUCE WAYNE** (Principal), of Harrisburg, Dauphin County, Pennsylvania, do hereby appoint **CAT WOMAN** (Agent), as my true and lawful Agent, for me and on my behalf, in my name or in his/her name, and if Cat Woman is unwilling or unable to serve as my Agent, I do hereby appoint **RICHARD GRAYSON** as my true and lawful Agent, for me and on my behalf, in my name or in his/her name, if and only if I am determined by my physician or physicians to be legally incapacitated, to take all actions and to perform all acts concerning my affairs as he may deem necessary or advisable, in his/her absolute discretion, as fully as I could do if personally present, including, without limiting the generality of the foregoing:

- _____ 1. **Unlimited Gifts.** To make unlimited gifts, except as may be otherwise limited by this document, either outright or in trust, or, in the case of minors, in accordance with the Uniform Transfers to Minors Act, and in the case of gifts made in trust, to execute a trust agreement for such purposes designation one or more persons, (including my agent) as original or successor trustees. This power includes the right to make additions to an existing trust and does not require my agent to treat the donees equally or proportionately and may entirely exclude on or more permissible donees and the pattern followed on the occasion of any such gift or gifts. The power to make such gifts, however, shall not be limited and shall be unlimited;
- _____ 2. **Cash Accounts.** To collect and receive any money and assets to which I may be entitled; to deposit cash and checks in any of my accounts; to endorse for deposit, transfer or collection, in my name and for my account any checks payable to my order; and to draw and sign checks for me and in my name, including any accounts opened by my agent in my name at any bank or banks, savings society or elsewhere, and to receive and apply the proceeds of such checks as my agent deems best.
- _____ 3. **Stocks and Bonds.** To take custody of my stocks, bonds and other investments of all kinds, to give orders for the sale, surrender or exchange of any such investments and to receive the proceeds therefor; to sign and deliver assignments, stock and bond powers and other documents required for any such sale, assignment, surrender or exchange; to give orders for the purchase of stocks, bonds and other investments of any kind and to settle for same; to give instructions as to the registration thereof and the mailing of dividends and interest; to clip and deposit coupons attached to any coupon bonds, whether now owned by me or hereafter acquired; to represent me at shareholders' meetings and vote proxies on my behalf; and generally to handle and manage my investments.

- _____ 4. **Personal Property.** To buy or sell at public or private sale for cash or credit or by any other means whatsoever; to acquire, dispose of, repair, alter or manage my tangible personal property or any interests therein.
- _____ 5. **Real Estate and Cooperative Apartments.** To lease, sell, release, convey, extinguish or mortgage any interest in any real estate I may own, or in any proprietary lease or any stock evidencing my ownership of any cooperative apartment, on such terms as my agent deems advisable, and to purchase or otherwise acquire any interest in and acquire possession of real property or cooperative apartments and to accept all deeds for such property; and to manage, repair, improve, maintain, restore, build, or develop any such property in which I now have or may later acquire an interest.
- _____ 6. **Safe Deposit Boxes.** To have access to all safe deposit boxes now or hereafter standing in my name; and to add to and to remove all of the contents thereof; and to enter into leases for such safe deposit boxes or surrender them.
- _____ 7. **Insurance.** To procure, change, carry or cancel insurance of such kind and in such amounts against any and all risks affecting property or persons against liability, damage or claim of any sort.
- _____ 8. **Benefit Plans.** To apply for and receive any government, insurance and retirement benefits to which I may be entitled and to exercise any right to elect benefits or payment options; to terminate, to change beneficiaries of ownership, to assign rights, to borrow or receive cash value in return for the surrender of any or all rights I may have in life insurance policies or benefits, annuity policies, plans or benefits, mutual fund and other dividend investment plans and retirement, profitsharing and employee welfare plans and benefits.
- _____ 9. **Taxes.** To represent me in all Federal, state, local or foreign tax matters for all years with full power, subject to revocation, to prepare, sign and file tax returns of all kinds, including the power to receive checks in payment of any refund for Federal, state, local or foreign taxes, penalties or interest; to execute and file petitions to the Tax Court and all other tax related documents; to execute applications for extensions of time to file tax returns; to delegate authority or to substitute another agent; to execute waivers (including offers of waivers) of restrictions on assessments or collection of deficiencies in tax, and waivers of notice of disallowance of a claim for credit or refund; to extend the statutory period for assessment of collection of taxes; to execute a closing agreement under Section 7121 of the Internal Revenue Code of any corresponding provision for state, local or foreign tax law; to execute a protest to a determination of taxes by a district director or a state, local or foreign authority; to execute claims for refund or abatement; to execute specific tax power of attorney forms required by the internal Revenue Service (including Internal Revenue Service

form no. 2848) and/or any state, local or foreign taxing authority; to pay taxes due; to post bonds; and to receive confidential information with respect to the above matters;

- ____ 10. **Borrow.** To borrow money for my account on whatever terms and conditions my agent deems advisable, including the right to borrow money on any insurance policy issued on my life for any purpose; and to pledge, assign, and deliver such policies as security without any obligation whatsoever on the part of such insurance company to determine the purpose for such loan or the application of the proceeds.
- ____ 11. **Employment of Others.** To employ lawyers, investment counsel, accountants, custodians, physicians, dentists, nurses, therapists and other persons to render services for or to me or my estate and to pay the usual and reasonable fees and compensation of such persons for their services.
- ____ 12. **Renunciation of Fiduciary and Other Positions.** To renounce any fiduciary positions to which I have been appointed, including the custodianship of any property held for the benefit of a minor; or resign any fiduciary position in which I may be serving and either file an accounting with a court of competent jurisdiction or settle on receipt and release or other informal method as my agent deems advisable; and to renounce any position as an officer or director of any corporation, or political or governmental body.
- ____ 13. **Claim Elective Share.** To elect to take against the will and conveyances of my spouse after death, if appropriate, and disclaim any interest in property which I am required to disclaim as a result of such election; to retain any property which I have the right to elect to retain; to file petitions pertaining to the election, including petitions to extend the time for electing and petitions for orders, decrees, and judgments; and to take all other actions which my agent deems appropriate in order to effectuate the election.
- ____ 14. **Disclaimer of Interests.** To release or disclaim on my behalf any interest in property.
- ____ 15. **Operation of Business.** To continue the operation of any business belonging to me, or in which I have a substantial interest, for such time and in such manner as my agent may deem advisable, including representing me at shareholders' meetings and voting proxies; to sell or liquidate any business, or interest therein, at such time and on such terms as my agent deems advisable and in my best interest or to incorporate any business at such time and on such terms as my agent deems advisable and in my best interest.
- ____ 16. **Claims.** To institute, prosecute, defend, compromise or otherwise dispose of and to appear for me in any proceedings at law or in equity or otherwise before any tribunal

for the enforcement or for the defense of any claims, either alone or in conjunction with other persons, relating to me or to any property of mine of any other persons, and to obtain, discharge and substitute counsel and authorize appearance of such counsel to be entered for me in any such action or proceeding; and to compromise or arbitrate any claim in which I may be in any manner interested and for that purpose to enter into agreements or to compromise or to arbitrate, either through counsel or otherwise to carry on such compromise or arbitration and perform or enforce any award entered in arbitration.

- _____ 17. **Access to My Medical and Other Personal Information.** To request, review and receive any information, verbal or written, regarding my personal affairs or my physical or mental health, in any of my health care records, including medical and hospital records, which information may include my health history; any diagnosis, treatment or prognosis I have or have had; even if such information includes information pertaining to sexually transmitted disease, acquired immunodeficiency syndrome(AIDS), or human immunodeficiency virus (HIV), behavioral or mental health services or treatment for alcohol or drug abuse, and I expressly authorize my agent to execute any releases or other documents that may be required in order to obtain this information. I understand that once such information is released to my agent, it may be re-disclosed and not protected by federal privacy laws or regulations. I agree to indemnify and hold harmless any medical provider for providing the requested confidential information concerning a determination of my capacity, and from the uses to which such information may be placed. In all respects, this provision of my Power of Attorney is intended to provide my agent with the same authority as I would have with respect to the uses and disclosures of my protected health information under the Health Insurance Portability and Accountability Act of 1996, as amended (otherwise known by the acronym “HIPAA”).
- _____ 18. **Medical Insurances.** My Agent may purchase, continue, renew, convert or terminate any type of medical, hospitalization, long-term care, disability or accident insurance on my behalf and pay premiums under such policies. My agent may file or process claims for any medical bills with all insurance companies through which I have coverage, including but not limited to, Medicare and medicaid, and collect benefits under such policies.
- _____ 19. **Employ and Discharge.** To employ and discharge physicians, psychiatrists, dentists, nurses, therapists and other professionals as my agent deems necessary for my physical, mental and emotional well-being; and to pay them, or any of them, reasonable compensation.
- _____ 20. **Consent, or Refuse Consent, to My Medical Care.** To give or withhold consent to my medical care, surgery or any other medical procedures or tests; to arrange for my

hospitalization, convalescent care or home care; and to revoke, withdraw, modify or change consent to my medical care, surgery, or any other medical procedures or tests, hospitalization, convalescent care, or home care which I or my agent, may have previously allowed, due to emergency conditions. I ask my agent to be guided in making such decisions by the personal preferences I have expressed regarding such care. Based on those same preferences, my agent may also summon paramedics or other emergency medical personnel and seek emergency treatment for me, or choose not to do so, as my agent deems appropriate given my wishes and my medical status at the time of the decision. My agent is authorized, when dealing with hospitals and physicians to sign documents titled or purporting to be a “Refusal to Permit Treatment and “Leaving Hospital Against Medical Advise” as well as any necessary waivers of or releases from liability required by the hospitals or physicians to implement my wishes regarding medical treatment or non-treatment.

- ____ 21. **Request for DNR Order.** To request that my treating physician issue a do-not-resuscitate (DNR) order, including an out-of-hospital DNR order, and sign any required documents and consents.
- ____ 22. **Consent, or Refuse Consent to My Psychiatric Care.** Upon the execution of a certificate by two (2) independent psychiatrists who have examined me, and in whose opinion I am in immediate need of hospitalization because of mental disorders, alcoholism or drug abuse, to arrange for my voluntary admission to an appropriate hospital or institution for treatment of the diagnosed problem or disorder; to arrange for private psychiatric and psychological treatment for me; to refuse consent for any such hospitalization, institutionalization, and private psychiatric and psychological care; and to revoke, modify, withdraw or change consent to such hospitalization, institutionalization and private treatment which I or my agent may have given at an earlier time.
- ____ 23. **Provide Relief From Pain.** To consent to and arrange for the administration of pain-relieving drugs of any type, or other surgical or medical procedures calculated to relieve my pain even though their use may lead to permanent physical damage, additional or even hasten the moment of, but not intentionally cause, my death.
- ____ 24. **Protect Rights of Privacy.** To exercise my right of privacy to make decisions regarding my medical treatment and my right to be left alone even though the exercise of my right might hasten death or be against conventional medical advice. My agent may take appropriate legal action, if necessary to enforce my right in this regard.
- ____ 25. **Third Party Reliance.** For the purposes of inducing any physician, hospital, or other party to act in accordance with the powers granted in this document, I hereby represent, warrant and agree that:

- a. If this document is revoked or amended for any reason, I my estate, my heirs, successors, and assigns will hold such party or parties harmless from any loss suffered, or liability incurred, by such party or parties in acting in accordance with this document prior to that party's receipt of written notice of any such termination or amendment or has actual notice of my death.
- b. The powers conferred on my agent by this document may be exercised by my agent alone an my agent's signature or act under the authority granted in this document may be accepted by third parties as fully authorized by me and with the same force and effect as if I were personally present, competent, and acting on my own behalf.
- c. No person who acts in reliance upon any representation my agent may make regarding the scope of authority granted under this documents shall incur any liability to me, my estate, my heirs, successors or assigns for permitting my agent to exercise any such power.
- d. All third parties from whom my agent may request information regarding my health or personal affairs are hereby authorized and directed to provide such information without limitation and are released from any legal liability whatsoever to me, my estate, my heirs, successors or assigns for complying with my agents' requests. With specific reference to medical information, including information about my mental conditions, I am hereby authorizing in advance all physicians and psychiatrists who have treated me, and all other providers of health care, including hospitals, to release to my agent all information and photocopies of any records which may be requested. If I have the capacity to confirm this authorization at the time of the request, third parties may seek such confirmation from me if they so desire. If I do not have the capacity to make such a confirmation, all physicians, hospitals, and other health care providers are hereby authorized to treat my agent's request as that of a legal representative of an incompetent patient and to honor such requests on that basis. I hereby waive all privileges which may applicable to such information and records, and to any communication pertaining to me and made in the course of a lawyer-client, physician-patient psychiatrist-patient, clergyman-penitent, or sexual assault victim-counselor relationship.
- e. My agent shall have the right to seek court orders mandating appropriate acts if a third party refuses to comply with actions taken by my agent which are authorized by this document, or enjoining acts by third parties which my agent has not authorized.

- _____ 26. **Acts.** To make and transact all and every kind of business of every nature and to exercise all powers authorized by law, which are not specifically limited by this Power of Attorney.
- _____ 27. **ALL OF THE POWERS LISTED ABOVE.** You need not Initial any other lines if you Initial this Line 27.

This Power of Attorney shall continue in force and may be accepted and relied upon by anyone to whom it is presented despite my purported revocation of it or my death, until actual written notice of such event is received by such person. In the event of my incompetency, from whatever cause, this Power of Attorney shall not thereby be revoked but shall thereupon become irrevocable, and may be accepted and relied upon by anyone to whom it is presented despite such incompetency, subject only to it becoming void and of no further effect only upon receipt by such person either of (1) written evidence of the appointment of a guardian (or similar fiduciary) of my estate following adjudication of incompetency, or (2) written notice of my death.

I hereby revoke all powers of attorney which I may have heretofore granted, except (i) limited powers authorizing any lawyer or certified public accountant to act on my behalf in any matter relating to federal taxes for a specific year or years or for a specific audit or proceeding; (ii) limited powers over any bank, brokerage or mutual fund account or safe deposit box; provided that in either case, the power is signed by me on a form authorized or supplied by the Internal Revenue Service of the institution involved, as the case may be; and (iii) any advance directive for health care, or similar document.

This Power of Attorney shall not be affected by my subsequent disability or incapacity.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 2016.

BRUCE WAYNE (Principal)

Witness

Print Name: _____

Witness

Print Name: _____

COMMONWEALTH OF PENNSYLVANIA :
:ss
COUNTY OF _____ :

On this, the _____ day of _____, 2016, before me, a Notary Public, the undersigned Officer, personally appeared **BRUCE WAYNE** known to me (or satisfactorily proven) to be the person whose name is subscribed to the foregoing Power of Attorney, and acknowledged that she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

NOTARY PUBLIC

ACKNOWLEDGMENT OF AGENT

I, **CAT WOMAN**, HAVE READ THE ATTACHED POWER OF ATTORNEY AND AM THE PERSON IDENTIFIED AS THE AGENT FOR THE PRINCIPAL. I HEREBY ACKNOWLEDGE THAT IN THE ABSENCE OF A SPECIFIC PROVISION TO THE CONTRARY IN THE POWER OF ATTORNEY OR IN 20 PA. C.S. WHEN I ACT AS AGENT:

I SHALL ACT IN ACCORDANCE WITH THE PRINCIPAL'S REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY ME AND, OTHERWISE, IN THE PRINCIPAL'S BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED TO ME BY THE PRINCIPAL IN THE POWER OF ATTORNEY.

CAT WOMAN (Agent)

ACKNOWLEDGMENT OF AGENT

I, **RICHARD GRAYSON**, HAVE READ THE ATTACHED POWER OF ATTORNEY AND AM THE PERSON IDENTIFIED AS THE AGENT FOR THE PRINCIPAL. I HEREBY ACKNOWLEDGE THAT IN THE ABSENCE OF A SPECIFIC PROVISION TO THE CONTRARY IN THE POWER OF ATTORNEY OR IN 20 PA. C.S. WHEN I ACT AS AGENT:

I SHALL ACT IN ACCORDANCE WITH THE PRINCIPAL'S REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY ME AND, OTHERWISE, IN THE PRINCIPAL'S BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED TO ME BY THE PRINCIPAL IN THE POWER OF ATTORNEY.

RICHARD GRAYSON (Agent)