

## **GENERAL POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:** That I, Samuel Baird Jacobs, II, SSN XXX-XX-\_\_\_\_\_, have made, constituted and appointed and by these presents do make, constitute and appoint Nathaniel J. Webb, III of York County, Virginia, my true and lawful attorney, hereinafter referred to as "my attorney," to manage all my property, real and personal (when the term "property" is hereinafter used, it shall include, whenever applicable, both real and personal property, and any interest or right therein) and to act in and conduct all my affairs, and for that purpose and in my name, place and stead, and for my use and benefit, and as my act and deed, to do and execute, or to concur with persons jointly interested with myself therein in the doing or executing of, all or any acts, deeds and things, that is to say:

- (1) To sell, pledge or otherwise encumber or dispose of any of my property, real and personal;
- (2) to buy, or otherwise acquire, any property;
- (3) to invest or reinvest, lease or let, or otherwise manage any of my property;
- (4) to commence or carry on, or to defend, or settle, at law or in equity, all actions, suits or other proceedings touching any of my property, or touching anything in which I or my property may be in anywise concerned;
- (5) to demand, sue for, enforce payment of or receive or give receipts or discharges for all moneys, securities, debts, chattels or other personal property whatsoever now belonging or hereafter to belong to me;
- (6) to settle or compromise, or submit to arbitration, all debts, taxes, accounts, claims or disputes between me and any other person;
- (7) to draw upon any bank, corporation, firm, association or individual for any sum or sums of money to which I may be entitled as I might or could do;
- (8) upon receipt of any dividends, interest, income or moneys, to deposit the same in my name in any banking institution;
- (9) to make or endorse promissory notes, or to renew the same from time to time;
- (10) to prepare, execute or file income or other tax returns, and to act on my behalf in dealing with the Internal Revenue Service, the Commonwealth of Virginia Department of Taxation, or any other tax department or agency;
- (11) to employ or dismiss agents or attorneys;
- (12) to act as my attorney or proxy in respect to any stocks, bonds, or other investments;
- (13) to take out or renew fire or other casualty insurance on any of my property;

(14) to execute, acknowledge or deliver in my name, or to sign my name to, any deed, contract, instrument, certificate or document;

(15) to enter any safe deposit box which I may now or hereafter have and to remove any of the contents therefrom or to place items therein;

(16) to act with full authority regarding my health care, including, without limitation, to (a) consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, or other procedures; (b) have access to medical records and information to the same extent that I am entitled to; (c) authorize my admission to or discharge from any hospital, nursing home, residential care, assisted living or similar facility or service; (d) contract on my behalf for any health care related service or facility on my behalf, without my said attorney incurring personal financial liability for such contracts; (e) hire and fire medical, social service, and other support personnel responsible for my care, (f) authorize, or refuse to authorize, any medication or procedure; (g) arrange for my medical or surgical care, including without limitation, giving consents to physicians, hospitals, laboratories, or other health care providers;

(17) to make appropriate living arrangements for me with nursing homes, convalescent homes, adult homes, assisted living apartments, residential care, or other living arrangements; and

(18) to do all things, exercise all rights and privileges, and take any action whatsoever which I might or could do, exercise or take with respect to any trust or agency funds, whether established by me or others (including the power and authority to fund, activate, and transfer my assets into any trust which I may have established with my attorney-in-fact, or any other person or institution as trustee) and with respect to any estate in which I may have any interest;

(19) to act on my behalf in dealing with the Social Security Administration and/or any other governmental department or agency;

(20) to execute and file disclaimers of any interests in any property as provided by applicable law.

And I do give and grant unto my said attorney full power and authority to do and perform all and every act, deed, matter and thing whatsoever in and about my affairs and property as effectually to all intents and purposes as I might or could do in my own proper person if personally present, the above specially enumerated powers being in aid and exemplification of the full, complete and general power herein granted and not in limitation or definition thereof; and I hereby ratify all that my attorney shall lawfully do or cause to be done by virtue of these presents.

I direct my said attorney to follow any Natural Death Act Declaration executed by me.

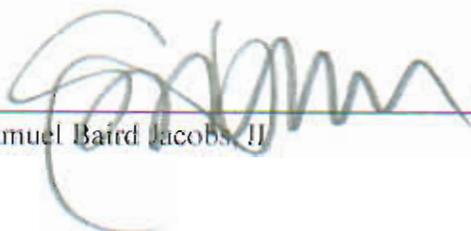
And I hereby declare that any act or thing lawfully done hereunder by my said attorney shall

be binding on me, and on my heirs, legal and personal representatives, and assigns, whether the same shall have been done before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by any party who, upon the faith of this instrument, accepts my said attorney as authorized to represent me.

This power of attorney may be revoked only by a document signed by me, expressly revoking this power of attorney, and recorded in the Clerk's Office of the Circuit Court of Newport News, Virginia. The revocation of this power of attorney shall not affect the validity of any action taken by my said attorney prior to the revocation. This power of attorney and the authority of my said attorney hereunder shall not terminate in the event of my disability, incapacity, or incompetence. Further, my subsequent disability, incapacity, or incompetence shall not restrict the authority of my said attorney to use so much of the corpus and income of my estate as my said attorney, in my said attorney's discretion, deems necessary for my reasonable support and maintenance. This power of attorney expressly supersedes and revokes all other powers of attorney heretofore made by me.

This power of attorney is granted in and shall be governed by the laws of the Commonwealth of Virginia; however, I intend that this power of attorney be universally recognized and that it be universally admissible to recordation.

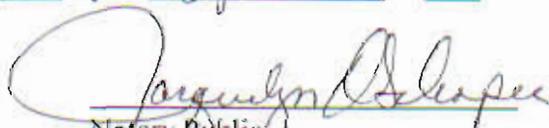
**IN WITNESS WHEREOF**, I have hereunto set my hand and seal this the 18 day of April, 2012.

  
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Samuel Baird Jacobs, II (SEAL)

COMMONWEALTH OF VIRGINIA, To-wit:

I, the undersigned Notary Public in and for the jurisdiction aforesaid, in the Commonwealth of Virginia, do hereby certify that Samuel Baird Jacobs, II, whose name is signed to the foregoing power of attorney dated the 18 day of April, 2012, has acknowledged the same before me in my jurisdiction aforesaid.

Given under my hand this the 18 day of April, 2012.

  
\_\_\_\_\_  
Notary Public

My commission expires: 11-30-13



Jacquelyn K. Schaper  
Commonwealth of Virginia  
Notary Public  
Commission No. 207412  
My Commission Expires 11/30/2013