

YOUR BIRTH DATE
2/14/35

MASSACHUSETTS HEALTH CARE PROXY

1 I, ELAINE McDERMOTT, residing at
(Principal - PRINT your name)

605 EASTERN AVE LYNN MA
(Street) (City or Town) (State)

appoint as my Health Care Agent: Edward WILLIAMS or Below
(Name of person you choose as Agent)

of 9 Stewart LN Beverly MA 978-969-1432
(Street) (City/town) (State) (Phone)

(OPTIONAL: If my Agent is unwilling or unable to serve, then I appoint as my Alternate Agent:

MICHAEL McDERMOTT, of
(Name of person you choose as Alternate Agent)

605 EASTERN AVE MA. 781-581-1174
(Street) (City/town) (State) (Phone)

2 My Agent shall have the authority to make all health care decisions for me, including decisions about life-sustaining treatment, subject to any limitations I state below, if I am unable to make health care decisions myself. My Agent's authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate health care decisions. My Agent is then to have the same authority to make health care decisions as I would if I had the capacity to make them EXCEPT (here list the limitations, if any, you wish to place on your Agent's authority):

I direct my Agent to make health care decisions based on my Agent's assessment of my personal wishes. If my personal wishes are unknown, my Agent is to make health care decisions based on my Agent's assessment of my best interests. Photocopies of this Health Care Proxy shall have the same force and effect as the original and may be given to other health care providers.

3 Signed: *Elaine McDermott*

Complete only if Principal is physically unable to sign: I have signed the Principal's name above at his/her direction in the presence of the Principal and two witnesses.

Elaine McDermott 605 Eastern Ave
(Name) (Street)

Signed By Bert J. Field Lynn MA
(City/town) (State)

4 WITNESS STATEMENT: We, the undersigned, each witnessed the signing of this Health Care Proxy by the Principal or at the direction of the Principal and state that the Principal appears to be at least 18 years of age, of sound mind and under no constraint or undue influence. Neither of us is named as the Health Care Agent or Alternate Agent in this document.

In our presence this 12th day of Sept, 2002

Witness #1 *Sandra Halbach* Witness #2 *Bert J. Field*
(Signature) (Signature)

Name (print) SANDRA HALBACH Name (print) Bert J. Field

Address: 605 EASTERN AVE Address: 2496 Lynn Field St
LYNN MA 01909

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, ELAINE F. McDERMOTT, presently of LYNN MA, ESSEX County, Massachusetts, hereby constitute and appoint my son, EDWARD F. WILLIAMS, to be my true, sufficient and lawful attorney, for me and in my name and for my use to sell, transfer, execute, acknowledge, and deliver any and all of my property whether real or personal, including stocks, bonds or other miniments of title, and to sign, seal, execute and deliver any and all papers or instruments necessary, proper or convenient therefore; and in my name and for my use to make subscriptions for stocks, bonds or other securities, or to purchase the same, and to collect dividends, profits or any income whatsoever, belonging to me, to endorse any checks, notes, or drafts payable to my order, and in my name and stead to collect any and all claims and demands of every mature and description which I may now or hereafter have against any person, persons, or corporations whatsoever.

Further, I empower my said attorney on my behalf to sue for any and all sums of money now or hereafter due me or for any rights that I may now or hereafter have in any court of law or equity, and in my name and for my behalf to appear and answer and defend any action or actions or suits, either in law or in equity, which may be brought against me in any court or courts of judicature, or to which I may be a party, Also to submit any matter in dispute to arbitration and to settle, adjust, or compromise all claims and demands in which I am or may in the future become interested.

Moreover, I grant my attorney the authority to appoint one or more substitutes under him, under any power contained herein, and the same to revoke at his pleasure. And generally, to do all acts and to take all steps which in his judgment are necessary, convenient, or expedient in the management of my property and affairs, although the matter should require more special authority than is herein contained, hereby giving my said attorney full power to act for me and in relation to my affairs, business, and property as fully and with like effect as I could act if personally present. Hereby ratifying and confirming all the acts of my said attorney or his substitutes done by virtue and pursuance of these presents.

This power of attorney in the said EDWARD F. WILLIAMS or his successor hereinafter named, shall not be affected by my subsequent disability or incapacity. In the event the said EDWARD F. WILLIAMS is unable or unwilling to act as my attorney in fact then I appoint my son, WILLIAM M. McDERMOTT, to serve as my successor attorney in fact. In the event the said WILLIAM M. McDERMOTT is unable or unwilling to act as my attorney in fact then I appoint my friend, SANDRA HALBICH, to serve as my successor attorney in fact.

A photostatic copy of this power, as executed, may be treated as an original power by any third party dealing with my attorney in fact.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 26th day of September, 2002.

Elaine F. McDermott

X
ELAINE F. McDERMOTT

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS

September 26 2002

Then personally appeared the above named ELAINE F. McDERMOTT and acknowledged the above to be her free act and deed, before me.

Ann Marie Walker

Notary Public: *Ann Marie Walker*
My Commission Expires: *August 9, 2007*

ATTEST: A TRUE COPY

Ann Marie Walker