ADULT POWER OF ATTORNEY

Know all persons by these presence that I, _____ appoint
(name)
Brian A. Kelley **of** ***4432 Mount Vernon Pass, Swartz Creek, MI*** **my attorney for me and in my name and on my behalf to consent to the administration of whatever anesthetic and the performance of such medical, dental, surgical treatment and/or operation as may be deemed necessary or advisable upon me during the period of** ***July 10, 2009*** **to** ***July 18, 2009*** **and to execute all necessary instruments to carry out and perform any of aforesaid powers, and to do any other acts requisite to carrying out such powers. I agree to be financially responsible for services provided. I authorize the release of medical information to or from my insurance company and my personal physician.**
IN WITNESS WHEREOF, I have hereunto executed this Power of Attorney on this

_____ day of _____, 2009. _____
(Signature)

Witnesses:

_____ **_____**
(Printed Name) **(Signature)**

_____ **_____**
(Printed Name) **(Signature)**

On this _____ day of _____, 2009, before me known to be the persons described in and who executed the foregoing instrument and acknowledged that they executed the same of their free act and deed.

_____
(Notary Public)

My commission expires: ___/___/___