

**LAW OFFICES OF
HIGDON, HARDY, & ZUFLACHT, L.L.P.**
12000 Huebner, Suite 200
San Antonio, Texas 78230-1204

David T. Emory
Attorney at Law

Tel: (210) 349-9933
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March 23, 2004

Texas Royalty Brokers

Ms. Coleta Hendricks
3909 Heritage Hill
San Antonio, Texas 78247

Re: Will and related documents, Bexar County, Texas

Dear Ms. Hendricks:

In keeping with our conversation, and again, I apologize for the delay, enclosed please find the originals of the following documents for your review and approval, to-wit:

1. Last Will and Testament of Coleta Hendricks;
2. Statutory Durable Power of Attorney;
3. Medical Power of Attorney; and
4. Directive to Physicians and Family or Surrogates,

Please review carefully to insure all the changes you requested were made. Once you have carefully reviewed, have notaries and place in a safe place. If you would like, you may bring by the office to have notaries, at no additional charge.

I trust you will give this matte your immediate attention. And, if you have any questions concerning this matter, please give me a call.

Yours very truly,


DAVID T. EMORY

DTE/myd
Encl. a/s

LAST WILL AND TESTAMENT

OF

COLETA HENDRICKS

I, **COLETA HENDRICKS**, of the County of Bexar and the State of Texas, being in good health, of sound and disposing mind and memory, do make and declare this instrument to be my Last Will and Testament, hereby expressly revoking all former Wills and Codicils made by me at any time heretofore, and intending hereby to dispose of all the property of whatever kind and wherever situated which I own, or in which I have any kind of interest at the time of my death.

I.

IDENTITY OF THE FAMILY

At the time of the execution of this Will, I am not married and I have one child, namely, **BRENDA L. YOUNG-HORWITZ**.

II.

PAYMENT OF EXPENSES

I direct that all of my funeral expenses, and my just personal debts, including any inheritance taxes, transfer taxes, and estate taxes which may be levied by the United States Government or by any state by reason of my death, shall be paid by my Independent Executrix out of the residue of my estate as soon as conveniently may be done; provided that my Independent Executrix, in such Executrix's sole discretion, may distribute from time to time any real or personal property in my estate which at my death is subject to a lien securing an indebtedness upon it without discharging said indebtedness, if in my Independent Executrix's judgment, the condition of my estate so requires. The distributee shall then be considered as having received my estate's equity in the property.

III.

DISPOSITION OF ESTATE

A. I give, devise and bequeath all of my estate to my child, **BRENDA L. YOUNG-HORWITZ**; provided, however, that if the child of mine shall not then survive me, but should leave issue then surviving me, such then surviving issue shall take, per stirpes, the share that such deceased child would have taken by surviving me.

B. Any other property of mine that has not been disposed of under any other provision of this Will shall go and be distributed to my heirs-at-law. Their identity and respective shares shall be determined in all respects as if my death had occurred immediately following the happening of the event requiring such distribution, and according to the laws of Texas then in force governing the distribution of the estate of an intestate.

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IV.

DEFINITION OF SURVIVAL

Any legatee, devisee, donee, person or beneficiary with respect to all or any part of my estate who shall not survive until ninety (90) days after the date of my death, or until this Will is probated, whichever occurs earlier, shall be deemed to have predeceased me, and shall be treated for all purposes herein as though such person had predeceased me.

V.

CONTINGENT TRUST

In the event that any beneficiary has not reached the age of 25 years, then in such event I give, devise and bequeath the share or shares of such beneficiary to my Trustee, IN TRUST NEVERTHELESS, for the uses and purposes hereinafter set forth.

A. My Trustee, in such Trustee's discretion, shall distribute to or for the benefit of each beneficiary, as much of the income, and in addition, so much of the corpus of each separate per stirpes share or trust created for that particular beneficiary as my Trustee shall consider necessary or advisable for their health, support, education, and maintenance.

B. Any income or corpus not so distributed or used shall be separately accumulated for each of my beneficiaries or their issue, and the separate per stirpes share or trust turned over to said beneficiary when he or she reaches the age of 25 years, at which time my Trustee shall transfer, convey, deliver and pay over to said beneficiary, FREE FROM TRUST, all of the property then constituting his or her share of the trust estate.

C. If any beneficiary of the trust shall die before complete distribution of his or her share, then upon the death of such beneficiary the share of such beneficiary as then constituted shall be distributed equally to said deceased beneficiary's children or his or her issue, per stirpes, as provided in Sections A and B above.

D. Any share or portion of a share of any trust created hereunder or any other property of mine that has not been disposed of under any other provision of this Will shall go and be distributed to my heirs-at-law. Their identity and respective shares shall be determined in all respects as if my death had occurred immediately following the happening of the event requiring such distribution, and according to the laws of the State of Texas then in force governing the distribution of the estate of an intestate.

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VI.

APPOINTMENT OF TRUSTEE

I nominate, constitute and appoint my sister, **BONNIE GRINER**, to act as Trustee of the trust created in Article V herein.

VII.

TRUSTEE POWERS

The trusts created or arising by virtue of this, my Last Will and Testament, shall be governed by and administered in accordance with the following provisions:

A. The Trustee during the continuation of each trust shall have the sole and complete right to possess, control, manage, and dispose of each trust estate and the said Trustee shall have the powers, rights, responsibilities and duties given to or imposed upon trustees by the Texas Trust Code as such Code now exists.

B. The Trustee shall at all times keep proper records and books of accounts which shall be open to the inspection of the beneficiaries at all reasonable times.

C. The Trustee shall act without bond of any kind, and shall be liable only for gross negligence, fraud or defalcation.

D. The Trustee shall have full power, in the Trustee's discretion, to litigate, compromise, adjust and settle all claims arising out of or in connection with the trust and property of the trust, and the Trustee may employ counsel and other agents in the discharge of duties and determine and pay them a reasonable compensation.

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E. The Trustee shall be entitled to pay out of the trust estate or to be reimbursed for any and all legitimate expenses incurred in the management of the trust estate.

F. The Trustee shall have the sole discretion to determine what is income or corpus of each respective trust, and shall apportion and allocate all receipts, credits, disbursements, expenses, and charges to income or corpus as the Trustee shall deem proper.

G. The Trustee may resign by sending an acknowledged written notice to the trust beneficiaries thirty (30) days prior to resignation.

H. As compensation for her services hereunder, my Trustee or her successor shall be entitled to charge the same fees customarily charged for similar services in other trusts at the time the services are rendered.

VIII.

APPOINTMENT OF EXECUTOR

A. I hereby nominate, constitute and appoint my daughter, **BRENDA L. YOUNG-HORWITZ**, as Independent Executrix of my estate. In the event that my daughter, **BRENDA L. YOUNG-HORWITZ**, shall predecease me or fail or refuse to qualify, or die, resign, or become unable to serve during the administration of my estate, I hereby nominate, constitute and appoint my sister, **BONNIE GRINER**, as Independent Executrix, and all the powers, duties and responsibilities granted and imposed upon **BRENDA L. YOUNG-HORWITZ** shall devolve upon and be exercised by **BONNIE GRINER**.

B. If any individual Independent Executor or Executrix becomes unable to discharge his or her duties under this Will because of accident, physical or mental illness or deterioration, or other cause and does not resign, then upon certification in a form sufficient for the recording of a deed in the State of Texas by two medical doctors (neither of whom is a beneficiary under this Will) affirming that each has examined the Independent Executor or Executrix and that each has concluded, based on such examination, that the Independent Executor or Executrix is unable to discharge his or her duties under this Will, the Independent Executor or Executrix shall cease to serve, as if he or she had resigned, effective the date of the certification.

C. It is my will and desire and I hereby direct that in the administration of my estate, my Independent Executrix or any successor shall not be required to furnish any bond of any kind and that no action shall be had in any court in the administration of my estate other than the probating of this, my Last Will and Testament, and the filing of any Inventory, Appraisement and List of Claims of my estate that may be required.

IX.

POWERS OF EXECUTOR

The estate created or arising by virtue of my death and this instrument, my Last Will and Testament, shall be governed by and administered in accordance with the following provisions:

A. I hereby grant unto my Independent Executrix or any successor named above, full power and authority over any and all of my estate and they are hereby authorized to sell, manage, and dispose of the same or any part thereof, and in connection with any such sale or transaction, make, execute and deliver proper deeds, assignments and other written instruments and to do any and all things proper or necessary in the orderly handling and management of my estate.

B. My Independent Executrix or any successor named above, shall have full power and authority to compromise, settle and adjust any and all debts, claims and taxes which may be due from or owing by my estate.

C. My Independent Executrix or any successor named above, shall have full power and authority to deal with any person, firm, or corporation including any trusts or trust estates created by this, my Last Will and Testament.

D. My Independent Executrix or any successor named above, shall have full power to borrow money at any time and in any amount from time to time for the benefit of my estate, from any person, firm, or corporation or from any bank or trust company and to secure the loan or loans by pledge, deed of trust, mortgage or other encumbrances on the assets of the estate and from time to time to renew such loans and give additional security.

E. As compensation for her services hereunder, my Independent Executrix or any successor named above shall be entitled to charge the same fees customarily charged for similar services in other estates at the time the services are rendered.

X.

SPENDTHRIFT PROVISION

No interest of any beneficiary in the corpus or income of my estate or of any trust created herein shall be subject to assignment, alienation, pledge, attachment, or claims of creditors of such beneficiary and may not otherwise be alienated or encumbered by such beneficiary, except as may be otherwise expressly provided herein.

XI.**MAXIMUM TERM OF TRUST**

If any trust created hereunder shall violate any applicable Rule Against Perpetuities or any similar rule or law, my Trustee is hereby directed to terminate said trust on the date limited by such rule or law and thereupon the property held in such trust shall be distributed to the persons then entitled to share such income, notwithstanding any provision of this Will to the contrary.

XII.**DEFINITIONS AND INTERPRETATIONS**

For purposes of interpretation of this, my Last Will and Testament, and the administration of the estate and any trusts established herein, the following provisions shall apply:

A. The words "child, children, descendants, issue," and similar terms shall be deemed only to include children born to, or adopted (on or before eighteen years of age) in, a lawful marriage.

B. When a distribution is directed to be made to any person's descendants "per stirpes," the division into stirpes shall begin at the generation nearest to such person that has a living member.

C. The use of the masculine, feminine or neuter genders shall be interpreted to include the other genders, and the use of either the singular or the plural number shall be interpreted to include the other number, unless such an interpretation in a particular case is inconsistent with the general tenor of this instrument. Any references herein relating to my Independent Executrix shall include her successors regardless of the gender of the successors.

D. This Will shall be probated in accordance with the laws of Texas, and should any provisions of the same be held unenforceable or invalid for any reason, the unenforceability or invalidity of said provision shall not affect the enforceability or validity of any other part of this Will.

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IN WITNESS WHEREOF, I, **COLETA HENDRICKS**, hereby sign my name to this, my last Will, on each page of which I have placed my initials, on this 31 day of March, 2004, at San Antonio, Texas.



COLETA HENDRICKS, Testatrix

ATTESTATION

The foregoing instrument was signed in our presence by **COLETA HENDRICKS** and declared by her to be her last Will. We, at the request and in the presence of **COLETA HENDRICKS** and in the presence of each other, have subscribed our names below as witnesses on this 31 day of March, 2004.



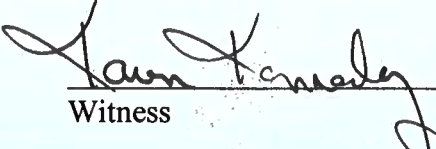
Witness

2226 Opal Creek Dr

Street Address

San Antonio TX 78232

City and State



Witness

4516 Horseshoe Shoal Cove

Street Address

Schertz TX 78154

City and State

Texas Royalty Brokers

SELF-PROVING AFFIDAVIT

STATE OF TEXAS

COUNTY OF BEXAR

BEFORE ME, the undersigned authority, on this day personally appeared COLETA HENDRICKS, Claudia Kilstrom and Karen Kennedy, known to me to be the Testatrix and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and all of said persons being by me duly sworn, the said COLETA HENDRICKS, Testatrix, declared to me and to the said witnesses in my presence that said instrument is her Last Will and Testament and that she had willingly made and executed it as her free act and deed; and the said witnesses, each on their oath stated to me, in the presence and hearing of the said Testatrix, that the said Testatrix had declared to them that said instrument is her Last Will and Testament, and that she executed same as such and wanted each of them to sign it as a witness; and upon their oaths each witness stated further that they did sign the same as witnesses in the presence of the said Testatrix and at her request; that said Testatrix was at that time eighteen years of age or over (or being under such age, was or had been lawfully married, or was then a member of the armed forces of the United States or of an auxiliary thereof or of the Maritime Service) and was of sound mind; and that each of said witnesses was then at least fourteen years of age.

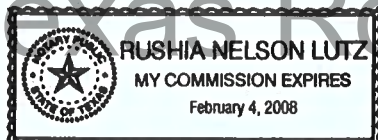
Coleta Hendricks
COLETA HENDRICKS, Testatrix

Claudia Kilstrom
Witness

Karen Kennedy
Witness

SUBSCRIBED AND SWORN TO BEFORE ME by the said COLETA HENDRICKS, Testatrix, and by the said Claudia Kilstrom and Karen Kennedy Witnesses, this 31 day of March, 2004.

Rushia Nelson Lutz
Notary Public, State of Texas



STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, **COLETA HENDRICKS**, of 3909 Hertiage Hill, San Antonio, Bexar County, Texas, appoint **BRENDA L. YOUNG-HORWITZ** of Gurnee, IL, as my agent to act for me in any lawful way with respect to all of the following powers except for a power that I have crossed out below.

TO WITHHOLD A POWER, YOU MUST CROSS OUT EACH POWER WITHHELD.

Real property transactions;

Tangible personal property transactions;

Stock and bond transactions;

Commodity and option transactions;

Banking and other financial institution transactions;

Business operating transactions;

Insurance and annuity transactions;

Estate, trust, and other beneficiary transactions;

Claims and litigation;

Personal and family maintenance;

Benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service;

Retirement plan transactions;

Tax matters.

IF NO POWER LISTED ABOVE IS CROSSED OUT, THIS DOCUMENT SHALL BE CONSTRUED AND INTERPRETED AS A GENERAL POWER OF ATTORNEY AND MY AGENT (ATTORNEY IN FACT) SHALL HAVE THE POWER AND AUTHORITY TO PERFORM OR UNDERTAKE ANY ACTION I COULD PERFORM OR UNDERTAKE IF I WERE PERSONALLY PRESENT.

SPECIAL INSTRUCTIONS:

Special instructions are applicable to gifts (initial in front of the following sentence to have it apply):

I grant my agent (attorney in fact) the power to apply my property to make gifts, except that the amount of a gift to an individual may not exceed the amount of annual exclusions allowed from the federal gift tax for the calendar year of the gift.

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

None.

This power of attorney becomes effective upon my disability or incapacity.

If a definition of my disability or incapacity is not contained in this power of attorney, I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician certifies in writing at a date later than the date this power of attorney is executed that, based on the physician's medical examination of me, I am mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by a physician of my disability or incapacity.

I agree that any third party who receives a copy of this document may act under it. Revocation of the durable power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

If any agent named by me dies, becomes legally disabled, resigns, or refuses to act, I name the following as successor to that agent: None.

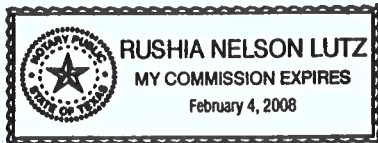
Signed on March 31, 2004.

Coleta Hendricks
COLETA HENDRICKS

THE STATE OF TEXAS

COUNTY OF BEXAR

This document was acknowledged before me on March 31, 2004, by COLETA HENDRICKS.



Rushia Nelson Lutz
Notary Public, State of Texas

Notary's Printed Name:

Rushia N. Lutz

My Commission Expires:

2-4-08

THE ATTORNEY IN FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

PREPARED IN THE OFFICE OF:

LAW OFFICES OF DAVID T. EMORY
Higdon, Hardy and Zuflacht, LLP.
12000 Huebner Road, Suite 200
San Antonio, Texas 78230
(210) 349-9933

MEDICAL POWER OF ATTORNEY**THE STATE OF TEXAS****KNOW ALL MEN BY THESE PRESENTS****COUNTY OF BEXAR**I, **COLETA HENDRICKS**, appoint:Name: **BRENDA L. YOUNG-HORWITZ**

Address: 33892 North Summerfield Drive, Gurnee, Ill

Phone: (847) 247- 8807

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

LIMITATIONS ON THE DECISION MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS:

None.

The original of this document is kept with:

Name: BRENDA L. YOUNG-HORWITZAddress: 33892 North Summerfield Drive, Gurnee, Ill

The following individuals or institutions have signed copies:

Name: David EmoryAddress: 12000 Huebner Rd., #200Name: Law offices of Higdon, Hardy & Zuflacht, L.L.P.Address: San Antonio, Tx 78230-1209Address: +**DURATION.**

Bonnie Griner
2250 W. Windrose
Phoenix, Az. 85029

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

PRIOR DESIGNATIONS REVOKED.

I revoke any prior medical power of attorney.

ACKNOWLEDGMENT OF DISCLOSURE STATEMENT.

I have been provided with a disclosure statement explaining the effect of this document. I have read and understand that information contained in the disclosure statement.

I sign my name to this medical power of attorney on the 31 day of March, 2004, at San Antonio, Bexar County, Texas.



COLETA HENDRICKS


STATEMENT OF FIRST WITNESS.

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Signature: 

Print Name: Claudia Kilstrom

Address: 2226 Opal Creek Dr

 San Antonio TX 78232

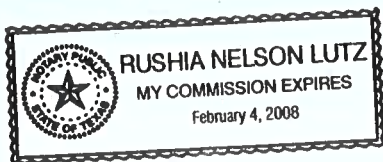
Date: 3/31, 2004

STATEMENT AND SIGNATURE OF SECOND WITNESS.

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Signature: Karen Kennedy
Print Name: Karen Kennedy
Address: 4516 Horseshoe Cove
Schertz, TX 78154
Date: 31 March, 2004

SUBSCRIBED AND SWORN TO BEFORE ME by the said COLETA HENDRICKS,
Principal, and by the said Claudia Filstrom and Karen Kennedy
Witnesses, this 31 day of, 2004.
March



Rushia Nelson Lutz
Notary Public, State of Texas

Texas Royalty Brokers

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**INFORMATION CONCERNING THE MEDICAL
POWER OF ATTORNEY**

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself.

Because "health care" means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

It is important that you discuss this document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be eighteen (18) years of age or older or a person under eighteen (18) years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing, or by your execution of a subsequent medical power of attorney. Unless you state otherwise, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make health care decisions for you.

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS SIGNED IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES. THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:

- (1) the person you have designated as your agent;
- (2) a person related to you by blood or marriage;
- (3) a person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
- (4) your attending physician;
- (5) an employee of your attending physician;
- (6) an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
- (7) a person who, at the time this power of attorney is executed, has a claim against any part of your estate after your death.

I certify I have received a copy of this "Information Concerning the Medical Power of Attorney."



COLETA HENDRICKS

DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES**Instructions for completing this document:**

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisers. You may also wish to complete a directive related to the donation of organs and tissues.

DIRECTIVE

I, **COLETA HENDRICKS**, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

☒ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this terminal condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

✓ _____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If the person named as agent in my Medical Power of Attorney is not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

My residence address is 3909 Heritage Hill, San Antonio, Bexar County, Texas 78247.

SIGNED on March 31, 2004.

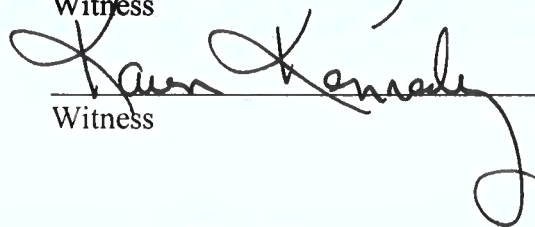
Coleta Hendricks
COLETA HENDRICKS, Declarant

Texas Royalty Brokers

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.



Witness



Witness

Definitions:

"Artificial nutrition and hydration" means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

"Irreversible condition" means a condition, injury, or illness:

- (1) that may be treated, but is never cured or eliminated;
- (2) that leaves a person unable to care for or make decisions for the person's own self; and
- (3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

"Life-sustaining treatment" means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

"Terminal condition" means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.

STATE OF TEXAS

COUNTY OF BEXAR

BEFORE ME, the undersigned authority, on this day personally appeared COLETA HENDRICKS, Claudia Kelstrom and Karen Kennedy, known to me to be the Declarant and Witnesses whose names are subscribed to the foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the Declarant, COLETA HENDRICKS, declared to me and to the said Witnesses in my presence that said instrument is her Directive to Physicians and Family or Surrogates, and that she had willingly and voluntarily made and executed it as her free act and deed for the purposes therein expressed.

Coleta Hendricks
COLETA HENDRICKS, Declarant

Claudia Kelstrom
Witness

Karen Kennedy
Witness

SUBSCRIBED AND ACKNOWLEDGED BEFORE ME by the said Declarant, COLETA HENDRICKS, and by the said Witnesses, Claudia Kilstrom and Karen Kennedy, on this the 31 day of March, 2004.



Rushia Nelson Lutz
Notary Public, State of Texas

PREPARED IN THE OFFICE OF:

DAVID T. EMORY
Higdon, Hardy and Zuflacht, LLP.
12000 Huebner, Suite 200, San Antonio, Texas 78230
Date: 3 - 31 -, 2004

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