

From Alice Hall ① of ⑨
908-868-5419
3605 South Ocean Blvd. #C226
South Palm Beach, FL 33480

Faxed to Wellcare:
1-866-388-1521

1/20/2020

Following are the
Power of Attorneys for my parents to
be put on file again! Please make
sure that you ~~will~~ put in the system
that Alice Hall is the primary person
who has POA to make address
changes or do absolutely anything
else necessary to properly take
care of my parents' accounts
since they are both in a LTC
memory care unit and are not
capable of taking care of their
needs.

Muriel Brownstein
Wellcare # 24330538

Sidney Brownstein
AETNA # ME BP1XYV
(I do not have a Wellcare
because I did not receive
his new card).

Their residential address is:
8201 Stirling Rd. Apt. #110
Cooper City, FL 33328

Their mailing address is supposed to be:
3605 South Ocean Blvd.
Apt. # C226
South Palm Beach, FL 33480

The 963 Park Ave is no longer valid. I do not
live there anymore. Please call me upon
receiving this to confirm receipt and processing. 908-868-5419
Elizabeth, NJ 07208 *Alice Hall*

DURABLE POWER OF ATTORNEY

I, SIDNEY BROWNSTEIN, being of sound mind and body, hereby appoint and empower my wife, MURIEL BROWNSTEIN, and/or my son, PERRY BROWNSTEIN, and/or my daughter, RHONDA SCHUMAN, and/or my stepdaughter, ALICE HALL, and/or my stepson, EDWARD LEVY, as my true and lawful attorney-in-fact, to act for me and in my name and on my behalf to (each attorney-in-fact has the right to act independently of the other):

SB A. Collect, receive and receipt for any and all sums of money or payments due or to become due to me. Sue in my name and behalf for the recovery of any and all sums of money or payments due or to become due to me and to collect on any judgments recovered by me and execute satisfactions of the same.

SB B. Initiate, defend, continue, or settle suits on my behalf or to enforce the exercise of these powers granted to my attorney-in-fact.

SB C. Hire or discharge (with or without cause) employees including, but not limited to, physicians, nurses, attorneys, and domestics.

SB D. Deposit to or withdraw from, or draw checks or drafts upon, any and all savings or checking accounts, money market funds or any other type of account in my name; open any new such accounts in my name in any bank or financial institution or with any insurance or brokerage firm; and endorse my name to any and all negotiable instruments.

SB E. Pay any and all bills, accounts, claims, and demands now or hereafter payable by me.

SB F. Receive and endorse for deposit in any account any payments that I receive from any branch or department of the United States or government, including without limitation, Social Security payments, Veteran's Administration payments or grants, Medicare or Medicaid payments, and tax refunds.

SB G. To represent me before any office of the Internal Revenue Service or any state agency; prepare and sign any tax return on my behalf; receive confidential information regarding tax matters for all periods, whether before or after the execution of this instrument; and to make any tax elections on my behalf.

SB H. Borrow money and to otherwise incur or guarantee indebtedness for which I will be liable, and to secure any such indebtedness by mortgage or other security interests encumbering my assets.

SB I. Act for me in any business or enterprise in which I am now or have been engaged or interested or with respect to any Trust in which I have a beneficial interest.

SB J. Manage all assets and properties belonging to me or in which I have any interest, and to expend whatever funds my attorney-in-fact deems proper for the preservation, maintenance, or improvement of those assets or properties.

SB K. Compromise, arbitrate, or otherwise adjust claims in favor of or against me or any assets or entity in which I have an interest, and to agree to any rescission or modification of any contract or agreement.

SB L. Participate in any type of liquidation or reorganization of any enterprise.

SB M. Join with other persons with whom I own property as joint tenants with right of survivorship in any transaction regarding that property.

SB N. Vote and exercise all rights and options, or empower another to vote and exercise those rights and options, concerning any corporate stock, securities, or other assets; to enter into or approve agreements for merger, reorganization or equivalent transactions with respect to any company or enterprise; to delegate those rights to an agent; and to enter into voting trusts and other agreements or subscriptions.

SB O. Exercise all rights and options, or empower another to exercise those rights and options, concerning sole proprietorships, general or limited partnerships, joint ventures, business trusts, land trusts, limited liability companies, and other domestic and foreign forms of organizations.

SB P. Buy, sell, exchange, lease, convey, and grant options with respect to any real or personal property, and to negotiate for and to enter into contracts and agreements of every nature, concerning real or personal property, including homestead or exempt property. Any such contract, agreement, or lease will be valid and binding for its full term even if it extends beyond my lifetime or the duration of this power of attorney.

SB Q. To exercise all powers even though my attorney-in-fact may also be acting individually or on behalf of any other person or entity interested in the same matters.

SB R. Transact all business, make, execute and acknowledge all contracts, orders, deeds, bills of sale, assurances, promissory notes, mortgages and other instruments of any nature which may be requisite or proper to effectuate any matter or things pertaining to or belonging to me.

SB S. Make gifts for estate planning purposes, including gifts to my attorney-in-fact; change the beneficiaries of any life insurance policies or other qualified or non-qualified benefit plans; create revocable or irrevocable trusts for the benefit of myself or of other persons; and consent to the creation or extension of trusts established by other persons for my benefit.

SB T. Buy U.S. Treasury Bonds redeemable at par in payment of estate taxes, and to purchase, sell, or redeem U.S. Savings Bonds.

SB U. Employ and compensate any investment management service, financial institution, or similar organization to advise my attorney-in-fact and to handle all investments and to render all accountings of funds held on my behalf under custodial, agency, or other agreements.

SB V. Enter into any safe deposit box for which I am a lessee and add or remove items.

SB W. Disclaim any property interest that I would otherwise receive.

SB X. Demand, obtain, review, and release to others medical records or other documents protected by the patient-physician privilege, attorney-client privilege or any similar privilege.

SB Y. 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 to receive from Blue Cross/Blue Shield or any other insurer information obtained in the adjudication of any claim in regard to services furnished to me under Title 18 of the Social Security Act.

SB Z. Nominate on my behalf a person (including my attorney-in-fact) or entity to be appointed by a court of appropriate jurisdiction as guardian of my person or property, or both, or as custodian for my property during the pendency of any proceedings to determine my competency.

SB AA. Invest in assets, securities, or interests in securities of any nature, including (without limit) commodities, options, futures, precious metals, currencies, and including common trust funds; to trade on credit or margin accounts (whether secured or unsecured); and to pledge assets for that purpose.

SB BB. I further authorize my attorney-in-fact to take all other actions as may be necessary or appropriate for my personal well-being and the management of my affairs, as fully and as effectively as if made or done by me personally.

SB CC. Any third party to whom this power of attorney is presented may rely upon an affidavit by my attorney-in-fact stating, to the best of my attorney-in-fact's knowledge and belief, that this power has not been revoked and that I am then living and have not been adjudicated incompetent. No third party relying on this power and that affidavit will be liable for losses, damages, or claims caused by compliance with the action requested by my attorney-in-fact, unless that third party has actual knowledge of my death or the revocation of this power.

SB DD. This durable power of attorney will not be affected by my disability except as provided by statute. It is my specific intent that the power conferred on my attorney-in-fact will be exercisable from the date of this instrument, notwithstanding my later disability or incapacity, except as otherwise provided by statute.

SB EE. To claim, disclaim or waive any interest in property that I have or would otherwise receive, including but not limited to homestead and elective share.

SB FF. To execute any document on my behalf for the purpose of qualifying for any public/private benefit; and if when applying for Medicaid benefits, my income exceeds the income cap, to create an irrevocable income trust and to transfer so much of my income to said trust as will enable me to qualify for Medicaid benefits.

SB GG. To claim, disclaim or waive any interest in property that I have or would otherwise receive, including but not limited to homestead and elective share, create trusts, to renounce fiduciary positions and to deliver and convey any or all of my assets to the trustee or trustees of any trust created by me or created by my attorney in fact and to make gifts, including to my attorney in fact.

SB HH. I authorize my attorney-in-fact to withdraw funds from my IRA accounts in the same manner that I was withdrawing funds prior to my incapacity, and if needed for my needs, to withdraw amounts in excess of my regular withdrawal schedule.

SB II. This Durable Power of Attorney shall revoke all Durable Powers of Attorney made by me prior to this date.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at Lauderhill, Broward County, Florida, on this 24 day of August, 2016.

Signed, sealed and delivered
in the presence of:

Jodi Hudgens
Corinne R. Korn

Sidney Brownstein
SIDNEY BROWNSTEIN

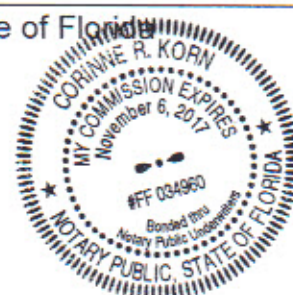
STATE OF FLORIDA

COUNTY OF BROWARD

THE FOREGOING INSTRUMENT was acknowledged before me this 24 day of August, 2016, by SIDNEY BROWNSTEIN, who is personally known to me.

Corinne R. Korn
Notary Public, State of Florida

My Commission Expires:



DURABLE POWER OF ATTORNEY

I, MURIEL BROWNSTEIN, being of sound mind and body, hereby appoint and empower my husband, SIDNEY BROWNSTEIN, and/or my daughter, ALICE HALL, and/or my son, EDWARD LEVY, and/or my stepson, PERRY BROWNSTEIN, and/or my stepdaughter, RHONDA SCHUMAN, as my true and lawful attorney-in-fact, to act for me and in my name and on my behalf to (each attorney-in-fact has the right to act independently of the other):

MB A. Collect, receive and receipt for any and all sums of money or payments due or to become due to me. Sue in my name and behalf for the recovery of any and all sums of money or payments due or to become due to me and to collect on any judgments recovered by me and execute satisfactions of the same.

MB B. Initiate, defend, continue, or settle suits on my behalf or to enforce the exercise of these powers granted to my attorney-in-fact.

MB C. Hire or discharge (with or without cause) employees including, but not limited to, physicians, nurses, attorneys, and domestics.

MB D. Deposit to or withdraw from, or draw checks or drafts upon, any and all savings or checking accounts, money market funds or any other type of account in my name; open any new such accounts in my name in any bank or financial institution or with any insurance or brokerage firm; and endorse my name to any and all negotiable instruments.

MB E. Pay any and all bills, accounts, claims, and demands now or hereafter payable by me.

MB F. Receive and endorse for deposit in any account any payments that I receive from any branch or department of the United States or government, including without limitation, Social Security payments, Veteran's Administration payments or grants, Medicare or Medicaid payments, and tax refunds.

MB G. To represent me before any office of the Internal Revenue Service or any state agency; prepare and sign any tax return on my behalf; receive confidential information regarding tax matters for all periods, whether before or after the execution of this instrument; and to make any tax elections on my behalf.

MB H. Borrow money and to otherwise incur or guarantee indebtedness for which I will be liable, and to secure any such indebtedness by mortgage or other security interests encumbering my assets.

MB I. Act for me in any business or enterprise in which I am now or have been engaged or interested or with respect to any Trust in which I have a beneficial interest.

MB J. Manage all assets and properties belonging to me or in which I have any interest, and to expend whatever funds my attorney-in-fact deems proper for the preservation, maintenance, or improvement of those assets or properties.

MB K. Compromise, arbitrate, or otherwise adjust claims in favor of or against me or any assets or entity in which I have an interest, and to agree to any rescission or modification of any contract or agreement.

MB L. Participate in any type of liquidation or reorganization of any enterprise.

MB M. Join with other persons with whom I own property as joint tenants with right of survivorship in any transaction regarding that property.

MB N. Vote and exercise all rights and options, or empower another to vote and exercise those rights and options, concerning any corporate stock, securities, or other assets; to enter into or approve agreements for merger, reorganization or equivalent transactions with respect to any company or enterprise; to delegate those rights to an agent; and to enter into voting trusts and other agreements or subscriptions.

MB O. Exercise all rights and options, or empower another to exercise those rights and options, concerning sole proprietorships, general or limited partnerships, joint ventures, business trusts, land trusts, limited liability companies, and other domestic and foreign forms of organizations.

MB P. Buy, sell, exchange, lease, convey, and grant options with respect to any real or personal property, and to negotiate for and to enter into contracts and agreements of every nature, concerning real or personal property, including homestead or exempt property. Any such contract, agreement, or lease will be valid and binding for its full term even if it extends beyond my lifetime or the duration of this power of attorney.

MB Q. To exercise all powers even though my attorney-in-fact may also be acting individually or on behalf of any other person or entity interested in the same matters.

MB R. Transact all business, make, execute and acknowledge all contracts, orders, deeds, bills of sale, assurances, promissory notes, mortgages and other instruments of any nature which may be requisite or proper to effectuate any matter or things pertaining to or belonging to me.

MB S. Make gifts for estate planning purposes, including gifts to my attorney-in-fact; change the beneficiaries of any life insurance policies or other qualified or non-qualified benefit plans; create revocable or irrevocable trusts for the benefit of myself or of other persons; and consent to the creation or extension of trusts established by other persons for my benefit.

MB T. Buy U.S. Treasury Bonds redeemable at par in payment of estate taxes, and to purchase, sell, or redeem U.S. Savings Bonds.

MB U. Employ and compensate any investment management service, financial institution, or similar organization to advise my attorney-in-fact and to handle all investments and to render all accountings of funds held on my behalf under custodial, agency, or other agreements.

MB V. Enter into any safe deposit box for which I am a lessee and add or remove items.

MB W. Disclaim any property interest that I would otherwise receive.

MB X. Demand, obtain, review, and release to others medical records or other documents protected by the patient-physician privilege, attorney-client privilege or any similar privilege.

MB Y. 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 to receive from Blue Cross/Blue Shield or any other insurer information obtained in the adjudication of any claim in regard to services furnished to me under Title 18 of the Social Security Act.

MB Z. Nominate on my behalf a person (including my attorney-in-fact) or entity to be appointed by a court of appropriate jurisdiction as guardian of my person or property, or both, or as custodian for my property during the pendency of any proceedings to determine my competency.

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MB BB. I further authorize my attorney-in-fact to take all other actions as may be necessary or appropriate for my personal well-being and the management of my affairs, as fully and as effectively as if made or done by me personally.

MB CC. Any third party to whom this power of attorney is presented may rely upon an affidavit by my attorney-in-fact stating, to the best of my attorney-in-fact's knowledge and belief, that this power has not been revoked and that I am then living and have not been adjudicated incompetent. No third party relying on this power and that affidavit will be liable for losses, damages, or claims caused by compliance with the action requested by my attorney-in-fact, unless that third party has actual knowledge of my death or the revocation of this power.

MB DD. This durable power of attorney will not be affected by my disability except as provided by statute. It is my specific intent that the power conferred on my attorney-in-fact will be exercisable from the date of this instrument, notwithstanding my later disability or incapacity, except as otherwise provided by statute.

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IN WITNESS WHEREOF, I have hereunto set my hand and seal at Lauderhill, Broward County, Florida, on this 24 day of August, 2016.

Signed, sealed and delivered
in the presence of:

Jodi Hudgens
Corinne R. Korn

Muriel Brownstein
MURIEL BROWNSTEIN

STATE OF FLORIDA

COUNTY OF BROWARD

THE FOREGOING INSTRUMENT was acknowledged before me this 24 day of August, 2016, by MURIEL BROWNSTEIN, who is personally known to me.

Corinne R. Korn
Notary Public, State of Florida

My Commission Expires:

