

STATE OF OHIO )  
 )  
COUNTY OF TRUMBULL )

SS: AFFIDAVIT

I, CLAIR M. CARLIN, Esquire do state that I am an Attorney duly licensed to practice law within the State of Ohio; and state further that I exercise a general power of attorney on behalf of Alston M. Quillin, M.D. Such power of attorney is attached hereto and marked as Exhibit "A".

On behalf of Alston M. Quillin, M.D. I do hereby voluntarily surrender his license to practice medicine and surgery, No. 25921 to the Ohio State Medical Board.

I state further that Dr. Quillin has been informed of this action, but that his hospitalization at Hazelton, Center City, Minnesota, precludes his full appreciation of the gravity thereof. I have talked with those individuals charged with his treatment at Hazelton.

I understand that the license shall not be returned until Dr. Quillin shall present satisfactory evidence to the Board which indicates his fitness to practice medicine.

I have advised Dr. Quillin that as a result of my surrender, he is no longer permitted to practice medicine or surgery in any form or manner.

Executed this 1<sup>st</sup> day of July, 1974, at Warren, Ohio.

Clair M. Carlin  
CLAIR M. CARLIN  
ATTORNEY-IN-FACT

SWORN to before me and SUBSCRIBED in my presence this  
1st day of July, 1974.

Carmella J. Nagy  
NOTARY PUBLIC  
Carmella Nagy, Notary Public  
My commission expires May 15, 1979