THE IOWA STATE BAR ASSOCIATION
Official Form No. 119

ISBA# 00756

FOR THE LEGAL EFFECT OF THE USE OF THIS FORM, CONSULT YOUR LAWYER

Erma Robinson
1830 N. 4th St.
Manchester IA
52057

184-2000
DELAWARE COUNTY IOWA
FILED
DEC 30 AM 10 30
19 PAGE 11
EDWARD L. PEYTON
DELAWARE CO. RECORDER
#9.00

Preparer Information: E. Michael Carr, Attorney (Individual's Name) | P.O. Box 333 (Street Address) | Manchester, IA 52057 (City) | (319) 927-4164 (Phone)

SPACE ABOVE THIS LINE FOR RECORDER

POWER OF ATTORNEY - SHORT FORM

The undersigned
Lawrence I. DeLancey

of Delaware County, Iowa, does hereby make, constitute and appoint

Mary A. Sullivan of Buchanan County, Iowa or Erma Kay Robinson
(either may act alone)

of Delaware County, Iowa, the undersigned's true and lawful Attorney-in-fact, with full right, power and authority for the undersigned and in the undersigned's name, place and stead:

To perform any and all business necessary in the name of the undersigned including but not limited to:

1. Making deposits, withdrawals or writing checks on any bank accounts;
2. Investing, cashing and reinvesting any money belonging to the undersigned;
3. Collecting money due or paying any bills of the undersigned;
4. Executing any instruments or documents necessary with respect to the management or sale of any real estate of the undersigned;
5. Executing any instruments or documents necessary with respect to any pension, Medicare or Social Security business of the undersigned;
6. Entering any safety deposit box and placing anything therein or removing anything therefrom;
7. Handling all medical insurance or life insurance matters or any other kind of business;
8. Executing all documents necessary with respect to my federal and state income tax reports;
9. Doing any and all other matters that are deemed necessary by my Attorney-in-Fact to be handled for the undersigned.

This Power of Attorney shall further authorize my Attorney-in-Fact to proceed to make any medical decisions necessary in my best interests should I be unable to make such decisions myself.

This Power of Attorney is a full Power of Attorney and shall encompass any and all matters having to do with any business, personal or medical affairs of the undersigned including the sale of any real estate of the undersigned and shall not be limited in any way by the foregoing recitations. This Power of Attorney shall not be affected by my disability.

Giving and Granting unto said Attorney-in-Fact the full power and authority to do and perform each and every act, deed, matter and thing whatsoever required and necessary to be done in and about the foregoing, as fully as the undersigned might or could do if personally present and acting.

The undersigned further direct that this Power of Attorney shall take effect immediately and shall be irrevocable unless and until such time as there is filed of record a duly acknowledged revocation of this instrument in the same office in which the instrument containing this power is recorded.

The undersigned does hereby authorize said Attorney-in-Fact to relinquish all rights of dower, homestead and distributive share in and to any real estate described herein in which the undersigned has an interest.

Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context.

Dated: April 23, 19 96

Lawrence I. DeLancey

STATE OF IOWA, DELAWARE COUNTY, SS:

On April 23 19 96, before me, the undersigned, a Notary Public in and for said State, personally appeared Lawrence I. DeLancey to me known to be the identical persons named in and who executed the foregoing instrument, and acknowledged that they executed the same as their voluntary act and deed.

NOTARIAL SEAL IOWA
CAROL E. KROGMANN
MY COMMISSION EXPIRES
7/8/96

Carol E. Krogmann
, Notary Public in and for said State

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