DURABLE POWER OF ATTORNEY

I, THOMAS ALLEN STRANDELL, of Viborg, Turner County, South Dakota P.O., do make, constitute and appoint DANETTE MARIE STRANDELL, of Box 426, Viborg, SD 57070 P.O.,, to be my true and lawful attorney in fact for me and in my name to exercise all powers in regard to my affairs and over my property, which I, myself, can do, and give my said attorney full power and authority to do everything whatsoever necessary to be done in the premises as fully as I could if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or substitute or successor attorney shall lawfully do or cause to be done by virtue thereof.

Not by way of limiting the foregoing power in any sense by speaking specifically of powers, but merely to emphasize that these powers are included in the above general statement, said attorney is authorized:

1. to buy, sell, convey, mortgage, lease, exchange or pledge all of my real and personal property, and to execute deeds, leases, mortgages, security agreements, notes, assignments, purchase and sale agreements, and all other documents related to my real and personal property;

2. to conduct any and all of my business with financial institutions;

3. to expend and pay for my support, care or benefit;

4. to manage, handle and liquidate my investments;

5. to exercise all of my rights as a shareholder of any bonds, shares of stock or any other form of investment;

6. to contract and pay for all types of services, materials and repairs in connection with my property and affairs;

7. to pay, settle, compromise and satisfy any debt or obligation owed by or to me;

8. to borrow money for me and to use my assets as security for loans;

9. to enter, add to and withdraw from my safety deposit boxes;

10. to obtain, maintain and cancel insurance for me and my property.

REC $ 15.00
R.M.F. $ 1.00

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COMPARED ✓

MICHELLE UTSLER
RECORDER
MADISON COUNTY, IOWA

11. To execute all documents required to process insurance claims, Medicare, Medicaid, Social Security and all other benefits to which I may be entitled;

12. to hire professional advisors, accountants, attorneys, appraisers and investment counselors for my benefit;

13. to prepare, sign and file federal, state and local tax returns of all kinds, claims for refund, requests for extensions of time, petitions to court and all other tax-related documents and to act in my behalf in tax matters of all kinds and for all periods of time;

14. to make all decisions on my behalf regarding my care and medical treatment, to include, but not be limited to the following:

    a. To consent to, to refuse, or to withdraw consent for all types of medical care, treatment, surgical procedures, diagnostic procedures, and the use of mechanical or other procedures that affect any bodily function, including but not limited to artificial respiration, nutritional support and hydration and cardiopulmonary resuscitation;

    b. To have access to medical records and information to the same extent that I am entitled, including the right to disclose the contents to others;

    c. To authorize my admission to or discharge from any hospital, nursing home, residential care, assisted living or similar facility or service;

    d. To arrange for consultation, diagnosis or assessment, and to contract on my behalf for any health care related service or facility;

    e. To take any other action necessary to do what I authorize herein, including but not limited to granting any waiver or release from liability required by any hospital, physician, or other health care provider, signing any documents relating to refusals of treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name and at the expense of my estate to force compliance with my wishes as determined by my attorney herein;

Pursuant to SDCL 59-7-2.1, this Power of Attorney shall not be affected by my disability, it being my intent that the authority conferred shall be exercisable notwithstanding my later disability or incapacity or later uncertainty as to whether I am dead or alive.

IN WITNESS WHEREOF, I hereby execute and subscribe my name herewith this 13th day of October, 1995.

Thomas Allen Strandell

STATE OF SOUTH DAKOTA
SS
COUNTY OF TURNER

On this the 13th day of October, 1995, before me, the undersigned officer, personally appeared Thomas Allen Strandell, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof I have hereunto set my hand and official seal.

Gary B. Ward
Notary Public - South Dakota

(SEAL)

My commission expires June 8, 2001.

This document prepared by: Ward Law Office
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