

	POWER OF ATTORNEY — PLENARY	
Lois Anita Newton	residing at 416	South 4th Street,
Winterset	lowar do hereby appoint Carol R	. Crall
, resid	ling at 510 South 9th Street, Route 1, A	lbia, Iowa ちょうろん
deposit, or to do any business with an withdrawals, obtain bank statements	ank accounts, brokerage accounts, savings and checkin ny banking or lending institution, in regard to any of my acc s, passbooks, drafts, money orders, warrants, certificates political entity including the United States of America, a	counts, to make deposits and sor vouchers payable to me
2. To have full access to any of i	my safety deposit boxes and their contents wherever loc	ated;
	income and other tax returns, state and federal, and all ts, and to obtain from the governmental or other entity ha is or instruments;	
4. To invest, reinvest, exchange	e or sell any assets or property owned by me;	
5. To receive and give acquittandue, owing and payable to me;	nce for all sums of money, debts or accounts of any kind	d which are or shall become
improve, control, store, transport, m property rights; to set up any reserve	or without covenants of warranty), lease, manage, care finaintain, repair, remodel, rebuild and in every way deal es for repairs, improvements, upkeep and obsolescence of from, and to recover possession of, such property.	in and with any property or
Lots Six (6) and Seve	encumber my homestead legally described as follows: en (7) and the East 69½ feet of Lots Fiv hree (3) of Guiberson's Addition to the bunty, Iowa	ve (5) and Town of
Willock Book Taxabon Co	· · · · · · · · · · · · · · · · · · ·	. 25
		FILED NO
		1987 JUL -6 P# 2: 2
		MARY E. WELTY RECORDER MADISON COUNTY, 10 W.
[If the Attorney-in-Fact to which N/A	h this Power of Attorney generally relates is my spouse	
releasing any dower or other inchoat above.]	te interest I might have in any property, including my hom	
property of mine (excepting propert	any revocable trust created by me, if such trust is in exis ty held by me and any other person as joint tenants wi cordance with the terms and provisions of the agreemen	ith right of survivorship), and
	n-Fact appointed hereunder full right, power and authority or advisable to be done in and about the powers granted and acting.	
All reference to property or property by me.	rights herein shall include all real, personal or mixed prop	perty now or hereafter owned
N.B. cross out inappropriate porti	ions of following paragraph	
become effective upor pay disability	ective immediately, shall not be affected by my disability] PPTNS POWER OF ARCHITECTUSE SHALL BE SHEETING SHALL BE SHEETING SHALL BE SHALL	\$
tinue effective until my death; provid time by written notice to such Attorne	led, however, that this Power may be revoked by me as t ey-in-Fact.	o any Attorney-in-Fact at any
DatedJuly 6,	,19_87,atWintereset, Iowa	
·	Love a 1	newton

STATE OF IOWA	)				
COUNTY OF Dageroom	) SS:			4	
COUNTY OF U - 1 -	-)				
Dankia (d. Januari ()		108%	-f		- \$1-4
On this day of Public in and for the State of Iowa, personally appe	eared		erore me, me	undersigned	, a Notary
o me known to be the identical person named in ar	ınd who ex		rument and a	cknowledged	that such
person executed the same as such person's volun	itary act a	na aeea.			
AND RUBY PATTERSON	//	Du			
MY COMMISSION EXPIRES	July .	latter		Notary Public	in and for
125/89	<del>/</del>			the State of	
					* .
			i i		
•					
expressly authorize my Attorney-in-Fact to sell o		S. Treasury Securities, sta aration in the presence of a			
s, and nereby sign qualified to pay these bonds.	i ii ii 3 Geore	addorning the presence of a	an employee	Of a mancial	ii iSatuaon
Sign in ink in presence					
of certifying officer					
					•
Address	•				•
(for delivery of check)		· · · · · · · · · · · · · · · · · · ·	÷		
(Number and street or	n ral rout	e) (City or town) (State) (Z	in Codo)		
(Number and Street or	Turarroud	e) (Oily of lown) (State) (2	ip Code)		
CERTIFY that the above-named person whose i	idontitu is	well-known or proved to r	no nomonal	hi appoared 1	hoforo mo
this day of, 19, a		well-known of proved to t	ne, personar	y appeared, r	
and signed the above request, acknowledging the	(City)	ha his fron act and dood			(State)
and signed the above request, acknowledging the	, same to	be his hee act and deed.			
			•		
·					
		(Signature and title of ce	rtifying office	r)	
(OFFICIAL STAMP			•		
OR SEAL)					
	•				
		(Address)		<u></u>	

教教