



POWER OF ATTORNEY — PLENARY

I, Ruth C. Schnoor a/k/a Ruth Carman Schnoor, residing at Hillside Convalescent Center, 233 University Ave, Des Moines, Iowa; do hereby appoint Milo W. Schnoor, residing at Rural Route 2, Box 6, Truro, Iowa 50257, my Attorney-in-Fact:

1. To open, maintain or close bank accounts, brokerage accounts, savings and checking accounts or certificates of deposit, or to do any business with any banking or lending institution, in regard to any of my accounts, to make deposits and withdrawals, obtain bank statements, passbooks, drafts, money orders, warrants, certificates or vouchers payable to me by any person, firm, corporation or political entity including the United States of America, and expressly including U.S. Treasury Securities;
2. To have full access to any of my safety deposit boxes and their contents wherever located;
3. To prepare, execute and file income and other tax returns, state and federal, and all other governmental reports, applications, requests and documents, and to obtain from the governmental or other entity having custody of them, copies of all such returns or other documents or instruments;
4. To invest, reinvest, exchange or sell any assets or property owned by me;
5. To receive and give acquittance for all sums of money, debts or accounts of any kind which are or shall become due, owing and payable to me;
6. To sell, convey (either with or without covenants of warranty), lease, manage, care for, preserve, protect, insure, improve, control, store, transport, maintain, repair, remodel, rebuild and in every way deal in and with any property or property rights; to set up any reserves for repairs, improvements, upkeep and obsolescence of such property; and to eject or remove tenants or other persons from, and to recover possession of, such property.

~~This Power of Attorney shall be effective immediately upon my death. This Power of Attorney shall become effective upon my disability. This Power of Attorney shall become effective upon my death.~~

6 1/2. To authorize and direct my medical care and treatment and to do all things incidental thereto; and to pay for the same.

To authorize and direct my placement in any medical and/or care facility and to do all things incidental thereto.

1482

STATE OF IOWA, ss.	Inst. No. <u>1482</u>	Filed for Record this <u>17</u> day of <u>January</u> 19 <u>90</u> at <u>3:35 PM</u>
MADISON COUNTY,	Book <u>39</u> Page <u>475</u>	Recording Fee <u>10.00</u> Mary E. Welty, Recorder, By <u>M. Welty</u> Deputy

IND. REC. PAGE

[If the Attorney-in-Fact to which this Power of Attorney generally relates is my spouse, then I also hereby appoint _____, as my Attorney-in-Fact solely for the purpose of releasing any dower or other inchoate interest I might have in any property, including my homestead specifically described above.]

7. To transfer to the Trustee of any revocable trust created by me, if such trust is in existence at the time, any and all property of mine (excepting property held by me and any other person as joint tenants with right of survivorship), and transferred property to be held in accordance with the terms and provisions of the agreement creating such trust.

I hereby give to each Attorney-in-Fact appointed hereunder full right, power and authority to do and perform each and every act, deed and thing necessary or advisable to be done in and about the powers granted to such Attorney-in-Fact, as fully as I could do if personally present and acting.

All reference to property or property rights herein shall include all real, personal or mixed property now or hereafter owned by me.

N.B. cross out inappropriate portions of following paragraph

[This Power of Attorney shall be effective immediately, shall not be affected by my disability] ~~This Power of Attorney shall become effective upon my disability. This Power of Attorney shall become effective upon my death.~~

_____] and shall continue effective until my death; provided, however, that this Power may be revoked by me as to any Attorney-in-Fact at any time by written ~~notice to such Attorney-in-Fact~~ revocation filed in the office of Recorder of Madison County, Iowa.

Dated November 27, 19 89, at Des Moines, Iowa

Mrs Ruth C. Schnoor

STATE OF IOWA)
) SS:
COUNTY OF POLK)

On this 4 day of December, 19 89 before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Ruth C. Schnoor a/k/a Ruth Carman Schnoor, to me known to be the identical person named in and who executed the foregoing instrument and acknowledged that such person executed the same as such person's voluntary act and deed.



[Signature]
1-30-89, Notary Public in and for
the State of Iowa

I expressly authorize my Attorney-in-Fact to sell or cash U.S. Treasury Securities, state that my Social Security Number is _____, and hereby sign this declaration in the presence of an employee of a financial institution qualified to pay these bonds.

Sign in ink in presence
of certifying officer _____

Address
(for delivery of check)

(Number and street or rural route) (City or town) (State) (Zip Code)

I CERTIFY that the above-named person whose identity is well-known or proved to me, personally appeared, before me this _____ day of _____, 19 _____, at _____ (City) _____ (State) and signed the above request, acknowledging the same to be his free act and deed.

(Signature and title of certifying officer)

(OFFICIAL STAMP
OR SEAL)

(Address)