

## **POWER OF ATTORNEY — PLENARY**

Cecil W. Ackelson	
Winterset	, lowa; do hereby appoint Ethel Eileen Ackelson
a/k/a Ethyle Ackelson residing at 3	22 S. 7th Avenue, Winterset, Iowa
, 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;
- 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;
- 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 includes the right to sell or encumber my homestead legally described as follows:

Lot Nine (9) in Block Eighteen (18) of West Addition to the Town of Winterset, Madison County, Iowa.

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NO Z

MAR', TELTY RECORDER MADISON COUNTY, 10WA

Fee \$10.00

[If the Attorney-in-Fact to which this Power of Attorney generally relates is my spouse, then I also hereby appoint <a href="Ethel Eileen Ackelson a/k/a">Ethel Eileen Ackelson a/k/a</a> <a href="Ethyle Ackelsons">Ethyle Ackelsons</a> 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 stall incitive 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] INIS POWER ATTORNEY SHALL SECTION OF THE POWER OF TH

Dated May 18, 1990, at Winterset, Iowa

Cecil A. Ackesson

STATE OF IOWA	)		
COUNTY OFMADISON	) SS: )		
On this day of	May	, 19_ <u>90</u> before me, the under	signed, a Notary
Public in and for the State of Iowa, perso o me known to be the identical person na person executed the same as such person	amed in and who executed the	l. Ackelson	
	Wim 4	nother	
		`, Notary	Public in and for State of lowa
	KII	M MATHES R Q - 9 つ	
expressly authorize my Attorney-in-Fac		y Securities, state that my Social se presence of an employee of a fir	
qualified to pay these bonds.	reby sign this decidation in th	e presence of all employee of a m	iai idai ii isiiluiioi i
Sign in ink in presence of certifying officer			
Address for delivery of check)			
(Number and	street or rural route) (City or t	own) (State) (Zip Code)	
CERTIFY that the above-named perso	n whose identity is well-knowi	n or proved to me, personally appe	eared, before me
hisday of,	19 , at (City)		(State)
and signed the above request, acknowle	dging the same to be his free	act and deed.	
	(Signatur	e and title of certifying officer)	
OFFICIAL STAMP DR SEAL)	(Signatur	o and and or oor mying omoor)	
	(Address)	<u> </u>	

Tucker