

VOL 2092 PAGE 60

17492

DURABLE POWER OF ATTORNEY

DOCUMENT NO.

RECORDING FEE

15⁰⁰

I, Hazel N. Holthaus, residing in Delaware County, Iowa; do hereby appoint Eugene H. Holthaus, residing in Linn County, Iowa, as my attorney-in-fact.

I hereby give and grant unto said attorney-in-fact the following powers and authorities:

1. To manage all of my property for me;
2. To make deposits and withdrawals on my behalf at any bank or savings and loan association;
3. To enter my safety deposit box to remove any and all contents;
4. To prepare and file required tax forms;
5. To execute contracts and instruments of any nature on my behalf;
6. To purchase insurance or cancel insurance on my behalf;
7. To sell, exchange and grant options to sell my property;
8. To settle, contest, or pay any claims against me or my property;
9. To admit or secure my release from any hospital or nursing home if I am unable to do so;
10. To consent or withhold consent on my behalf, to any treatment for any injury, disease or medical condition from which I am suffering;
11. To withhold or withdraw life-sustaining procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain.
12. To have access to my medical records;

Any health care professional or individual who has access to my records or that relate to my financial position, may rely on this power of attorney to divulge information.

My attorney-in-fact shall not be liable for errors of judgment but may be liable for willful default. My attorney-in-fact may bind me or my property without becoming personally bound. No one dealing with my attorney-in-fact shall be obligated to see that any money or property paid to my attorney-in-fact is properly applied or to inquire into the validity or propriety of any act by my attorney-in-fact or any provision of this instrument. My attorney-in-fact shall not have to account to any other individual or court for their handling of my affairs.

This document shall become effective immediately and shall continue to be effective in the event that I am disabled and/or unable to manage my property or unable to care for my person. I may revoke this document at any time prior to becoming disabled and/or incompetent by stating my intention to do so, in writing. Said writing shall be witnessed by a Notary Public.

DATED this 19 day of January, 1990.

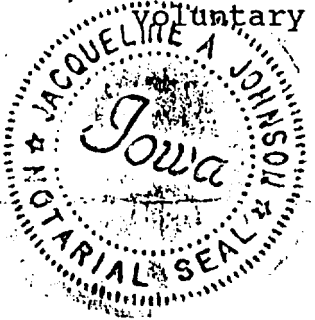
Hazel N. Holthaus
HAZEL N. HOLTHAUS

Julia M. Stone
Witness

Mary J. Hardest
Witness

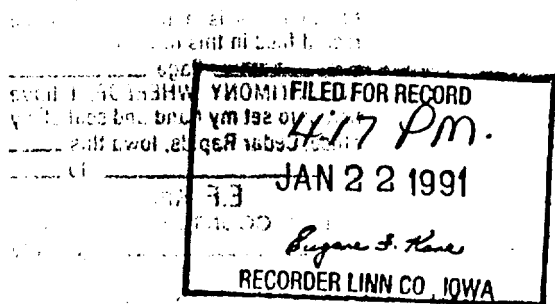
State of Iowa)
) ss:
Delaware County)

On this 19th day of January, A.D. 1990, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Hazel N. Holthaus to me known to be the identical person named in and who executed the within and foregoing instrument, and acknowledged that she executed the same as her voluntary act and deed.



Jacqueline A. Johnson
NOTARY PUBLIC, STATE OF IOWA
Jacqueline A. Johnson

FILED
E.F. KANE
COUNTY RECORDER
91 JAN 22 P 4: 17
LINN COUNTY, IOWA



68-1664

DELAWARE COUNTY IOWA

FILED

'91 JAN 23 AM 11 05

BOOK 16 PAGE 286

RECORDER

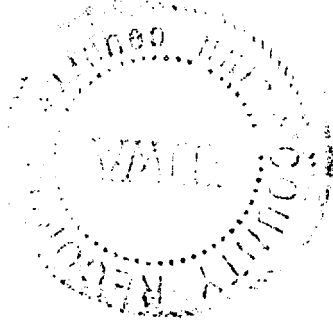
\$20.00

HAZEL N. HOLTHAUS

TO

EUGENE H. HOLTHAUS

Eugene Holthaus
152 Kohawk St. S.W.
Cedar Rapids, ia 52404



I, E.F. Kane, Recorder, in and for Linn
County, State of Iowa, do hereby cer-
tify that this is a true copy of the
record filed in this office in: Page 60 - 62
IN TESTIMONY WHEREOF, I have
hereunto set my hand and seal of my
office, Cedar Rapids, Iowa this 22nd
of January 1991
E.F. Kane
LINN COUNTY RECORDER
By *E.F. Kane* Deputy