



POWER OF ATTORNEY-SHORT FORM

Know All Men by These Presents: That the undersigned Willis F. Mills, a
single person

_____ of Delaware County, Iowa,
do hereby make, constitute and appoint Marilyn Carol Pfleughaupt

of Linn County, Iowa, their true and lawful Attorney-in-Fact, with full right, power and authority for them, and in their names, place and stead:

1. To ask for, demand, sue for, receive and collect any and all sums of money, including interest and dividends belonging to or claimed by me and use whatever means necessary for recovery of same and to execute and deliver a satisfactory release therefor.
2. To exercise any and all powers that I may have with respect to real estate owned by me in the State of Iowa including the power to lease the same and collect the rents therefrom, to sell, exchange, grant or convey the same with or without warranty, to mortgage the same, to secure payment for any obligation thereon.
3. To buy, sell, exchange or transfer any and all personal property that I may own or to encumber the same to secure payment for any obligation thereon.
4. To invest and reinvest any sums of money that I may have at any financial institution, including bank accounts, savings accounts, certificates of deposits, or any other kinds of accounts or funds in any said banking institution.
5. To transact any business of any kind or class as my act and deed and to sign, execute or acknowledge and deliver any deed, lease, mortgage, receipt or satisfaction of mortgage or judgment as may be necessary and proper in the premises.
6. This power of attorney shall become effective upon the disability of the principal.

Giving and Granting unto said Attorney-in-Fact the full power and authority to do and perform each and every act, deed, matter, and thing whatsoever required and necessary to be done in and about the foregoing, as fully as the undersigned might or could do if personally present and acting.

The undersigned further direct that this Power of Attorney shall take effect immediately and shall be irrevocable unless and until such time as there is filed of record a duly acknowledged revocation of this instrument in the same office in which the instrument containing this power is recorded.

Each of the undersigned do hereby authorize said Attorney-in-Fact to relinquish all our rights of dower, homestead and distributive share in and to the above described premises.

Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context.

Signed this 11th day of October, 19 85, at Manchester, Iowa.

Willis F. Mills
Willis F. Mills

STATE OF IOWA, DELAWARE COUNTY, ss:

On this 11th day of October, A. D. 1985, before me, the undersigned, a Notary

Public in and for said State, personally appeared Willis F. Mills,

to me known to be the identical persons named in and who executed the foregoing instrument, and acknowledged that they executed the same as their voluntary act and deed.

Thomas J. Hanson, Notary Public in and for said State

FILE No. 31-3270 FILED FOR RECORD THE 28 DAY OF STATE OF IOWA, DELAWARE COUNTY
RECORDING FEE \$ 11.00 April, 1994 AT 11:47 Deborah L. Peyton, Recorder
TRANSFER FEE \$ _____ O'CLOCK A. M. BOOK 17 PAGE 307 Aff.

**Power of Attorney
(SHORT FORM)**

FROM

Willis F. Mills

TO

Marilyn Carol Pflughaupt

Filed for record the _____ day of

A. D. 19____

at _____ o'clock _____ M., and recorded

in Book _____, Page _____, of

County Records.

Recorder.

By _____ Deputy.

Recording Fee, \$ _____

When Recorded Return to

Jon M McCright, Attorney at Law
1010 Ground Transportation Ctr
Cedar Rapids, IA 52401

December 17, 1991

Re: Willis Mills

To Whom it May Concern:

This is to certify that Willis Mills' condition is such that I recommend that someone should be appointed power of attorney for him. This is because of his physical and mental condition.

Kenneth N. Andersen
Kenneth N. Andersen, M.D.
KNA/pv

DR. KENNETH N. ANDERSEN, P.C.
DIPLOMATE OF THE AMERICAN
BOARD OF FAMILY PRACTICE
PHYSICIAN AND SURGEON
826 SUMMIT STREET
CENTER POINT, IOWA 52215
PHONE 319 - 849-1252