



POWER OF ATTORNEY—SHORT FORM

Know All Men by These Presents: That the undersigned Bennie E. Worm and Gladys L. Worm

_____ of Delaware County, Iowa,
do hereby make, constitute and appoint James R. Worm

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

To perform any and all business necessary in the name of the undersigned including but not limited to:

1. Making deposits, withdrawals, or writing checks on any bank accounts;
2. Investing, cashing, and reinvesting any money belonging to the undersigned;
3. Collecting money due or paying any bills of the undersigned;
4. Executing any instruments or documents necessary with respect to any Medicare or Social Security business of the undersigned;
5. Entering any safety deposit box and placing anything therein or removing anything therefrom;
6. Any other matters that are deemed necessary by our Attorney-in-Fact to be handled for the undersigned.

This Power Of Attorney shall further authorize James R. Worm to proceed to make any medical decisions necessary to our best interests should we be unable to make such decisions ourselves.

This Power Of Attorney is a full Power Of Attorney and shall encompass any and all matters having to do with any business or personal affairs of the undersigned and shall not be limited in any way by the foregoing recitations. This Power Of Attorney shall not be affected by the disability of the principals.

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~~

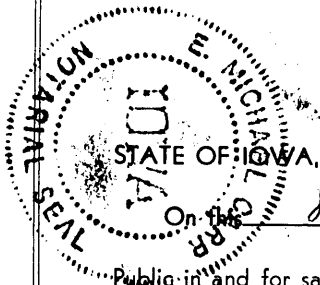
Each of the undersigned do hereby authorize said Attorney-in-Fact to relinquish all our rights of dower, homestead and distributive share in and to the above described premises.

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 8 day of August, 1987, at Manchester, Iowa

Bennie E. Worm
Bennie E. Worm

Gladys L. Worm
Gladys L. Worm



STATE OF IOWA, DELAWARE COUNTY, ss:
On this 8 day of August, A. D. 1987, before me, the undersigned, a Notary Public in and for said State, personally appeared Bennie E. Worm and Gladys L. Worm

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.

E. Michael Carr, Notary Public in and for said State

**Power of Attorney
(SHORT FORM)**

FROM

TO

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

45-2241
DELAWARE COUNTY IOWA
FILED

55 28 JUN 86 PM 2 55

19 JUNE 1983
RECORDED BY PEYTON
DELAWARE COUNTY RECORDER
6.00

✓
James Wofm
1745 275th St.
Ryan, IA 52330