

**DURABLE GENERAL
POWER OF ATTORNEY
EFFECTIVE UPON EXECUTION**

I, MARY JANE ORMISTON, of Bremer County, Iowa, give this Power of Attorney, subject to the following terms and conditions, and revoke all previous Powers of Attorney which I may have given.

1. EFFECTIVE DATE. This power of attorney shall become effective, as it relates to property and financial matters and as it relates to decisions about person and health care, upon execution and shall continue until revoked by my written revocation if I am not disabled or by my death.

2. AGENT(S). I appoint my husband, ELDON KEITH ORMISTON, my agent with respect to property and financial matters and with respect to decisions about person and health care. If he dies, resigns, is removed or becomes disabled, I appoint my daughter, MARY BETH ORMISTON, as his successor with all of the powers given my original agent.

Any person may rely upon any act done by my substitute agent and shall not be required to ask whether my original agent is in fact dead, disabled or has resigned or been removed.

3. POWERS OF AGENT. I grant to my agent, as indicated in Paragraph 2, full power and authority to deal with my property and financial matters or to make decisions about my person and my health care as fully as I might or could do if personally present and not disabled. All powers shall be exercised in a fiduciary capacity in my best interests and for my welfare.

The following powers illustrate, but do not limit or restrict, the general power of attorney given in this document:

A. Powers Over Property and Financial Matters

(1) To buy, sell, mortgage, or otherwise deal in any way in any real or personal property whatsoever, or any interest in such property, upon such terms as my agent shall think proper, including the power to buy United States Treasury Bonds which may be redeemed at par for the payment of federal estate tax and to sell or transfer Treasury securities; (2) to collect, hold, maintain, improve, invest, lease, or otherwise manage any or all of my real or personal property or any interest in such property; (3) to transact every kind of business of any nature or kind; (4) to deposit and withdraw (by checks or withdrawal slips) in or from any banking institution, any funds, negotiable paper, or monies which may come into my agent's hands as agent or which I now or at a later date may have on deposit or to which I may be entitled; (5) to exercise any incidents of ownership I may possess with respect to policies of insurance, except policies insuring the life of my agent; (6) to make application to any governmental agency for any benefit or government obligation to which I may be entitled; (7) to engage in any administrative or legal proceedings or in any litigation in connection with the premises; (8) to act as my agent or proxy in respect to any stocks, bonds, shares, or other

investments, rights, or interests I may now or at a later date hold; (9) to engage and dismiss agents, counsel and employees, and to appoint and remove at pleasure any substitute for my agent, in respect to all or any of the matters or things mentioned in the instrument and upon such terms as my agent shall think fit; (10) to prepare, execute, and file income and other tax returns, and other governmental reports and documents, and to represent me in all matters before the Internal Revenue Service; and in connection with any matter or controversy with the Internal Revenue Service to execute their form 2848 (as it may from time to time be revised) authorizing my agent or a substitute appointed under (9) above to act on my behalf with respect to a particular tax or taxes for the years indicated; (11) to transfer any interest I may have in property, real or personal, to the trustee(s) of any trust created by me for my benefit; and (12) to have access to any safety deposit box registered in my name alone or jointly with others.

B. Powers to Make Health Care Decision:

(1) To employ and terminate physicians and other health care providers; (2) to consent to and contract for my admission to hospitals, nursing homes and other treatment or residential facilities; (3) to have access to my medical records; (4) to execute consents and releases concerning my medical treatment; and (5) to make decisions regarding use, refusal and discontinuation of life sustaining procedures and technology.

4. **RESTRICTIONS ON AGENT'S POWERS.** Regardless of the above statements, my agent (1) cannot execute a Will, a Codicil or any will substitute on my behalf, (2) cannot change the beneficiary on any life insurance policy which I own; (3) cannot make gifts on my behalf; (4) shall not exercise any powers the exercise of which would cause assets of mine to be considered as taxable to my agent or in my agent's estate for purposes of any applicable income, estate, or inheritance tax.

5. **OBLIGATIONS AND LIABILITIES.** Third parties may rely upon the representation of my agent as to all matters relating to any power granted to my agent, and no person who may act in reliance upon the representations of my agent or the authority granted to my agent shall incur any liability to me or my estate as a result of permitting my agent to exercise any power. for the purpose of inducing third parties to rely on this power of attorney, I warrant that, if this power of attorney is revoked by me or otherwise terminated, I will indemnify and save such third party harmless from any loss suffered or liability incurred by such third party in good faith reliance on the authority of my agent prior to such third party's actual knowledge of revocation or termination of this power of attorney, whether such termination is by operation of law or otherwise.

6. **DISABILITY.** A person named as agent shall be considered to be disabled if a court of competent jurisdiction or two physicians sign a certificate determining that due to physical or

mental conditions that person is not competent to exercise the powers granted to him/her, as agent in this instrument.

I shall be considered to be disabled in regard to an attempted written revocation of this Durable Power of Attorney if a court of competent jurisdiction or two physicians sign a certificate that, due to physical or mental conditions, I am unable to exercise judgment about or attend to property and financial matters or to make decisions about my person and health care.

Delivery of such written determination, or a copy with reproduced signatures, shall be conclusive to establish disability. Disability shall be considered to have ceased to exist upon delivery of a similar written determination.

7. DURABILITY. This Durable Power of Attorney shall not be affected by my disability.

Reproductions of this executed original (with reproduced signatures) shall be deemed to be original counterparts of this Power of Attorney.

I have signed this document on September 22, 1989.

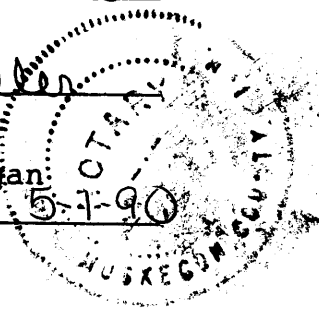
In the Presence of:

<u>Rhonda D. Miller</u> Rhonda D. Miller	<u>Mary Jane Ormiston</u> Mary Jane Ormiston
<u>Jayne M. Davis</u> Jayne M. Davis	

STATE OF MICHIGAN)
) ss.
COUNTY OF MUSKEGON)

The foregoing instrument was acknowledged before me this 22nd day of September, 1989, by MARY JANE ORMISTON.

Rhonda D. Miller
Rhonda D. Miller
Notary Public
Muskegon County, Michigan
My Commission Expires: 5-7-90



This instrument drafted by:
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BOOK 19 PAGE 250
DEBORAH L. PEYTON
DELAWARE COUNTY RECORDER
16.00

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