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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

SPECIAL POWER OF ATTORNEY

Recorder's Cover Sheet

Preparer Information: (Name, address and phone number)

Mark A. Roeder, 119 E. Main St., Manchester, IA 52057-1736, Phone: (563) 927-2782

Taxpayer Information: (Name and complete address)

Shoshanna & Cody Martin, 1521 W Ash St., #4, Junction City, KS 66441

Return Document To: (Name and complete address)

(X) Mark A. Roeder, 119 E. Main St., Manchester, IA 52057-1736, Phone: (563) 927-2782

Grantors:

Shoshanna Martin & Cody A. Martin

Grantees:

Margie L. Colner

SPECIAL POWER OF ATTORNEY

PREAMBLE: This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS: Shoshenna Martin

That I, Cody A Martin, of Kansas, do hereby appoint
(First MI. Last) (State of Residence)

Margie L Colner, of California, my true and lawful attorney-in-
(First MI. Last) (State of Residence)

fact to do the following in my name and in my behalf:

1. To take and maintain custody of my child(ren):

Crystal Win Colner-Miller 10 APR 2007
(First MI Last) (Date of Birth)

_____ (First MI Last)	_____ (Date of Birth)
_____ (First MI Last)	_____ (Date of Birth)
_____ (First MI Last)	_____ (Date of Birth)

to do all acts necessary or desirable for maintaining the health, education, and welfare of my child(ren), including the registration and enrollment of my child(ren) in educational programs and schools; and to maintain the customary living standard of my child(ren), including, but not limited to, provisions of living quarters, food, clothing, medical, surgical and dental care, entertainment and other customary matters; and, specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical or dental care to my child(ren), by qualified medical personnel; to act in loco parentis to my child(ren) named above.

Giving and granting individually unto said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in the paragraph immediately above, as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS POWER OF ATTORNEY MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY. I, FOR MYSELF AND MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD

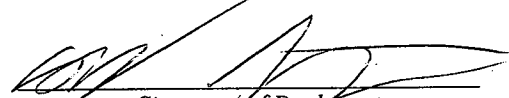
PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED UPON THE PROVISIONS OF THIS POWER OF ATTORNEY.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it. Unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on the 23 day of August, 2015

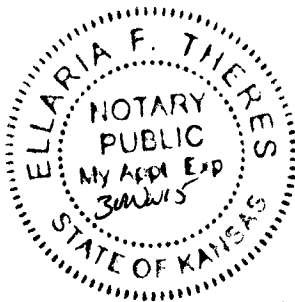
All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

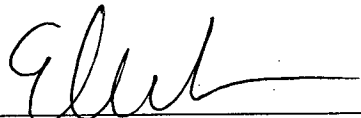
IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date, 23 August 2013
(Today's Date)


Shoshanna Martin

Cody Martin
Signature of Declarant
Print Name

WITH THE UNITED STATES ARMED FORCES
AT FORT RILEY, KANSAS

Subscribed, sworn to and acknowledged before me by the above-named declarant, who is known to me to be eligible for Legal Assistance under provisions of 10 USC section 1044a or regulations of the Department of Defense. This acknowledgement is executed in my official capacity under the authority granted by Title 10, United States Code, Section 1044a, which also states that no seal is required on this acknowledgement.




NOTARY PUBLIC
County of Greene