GIVING AND GRANTING unto my said attorney full power and authority to do and perform all and every act, deed, matter, and thing whatsoever in and about my estate, property, and affairs as full and effectually to all intents and purposes as I might or could do in my own proper person if personally present, the above specially enumerated powers being in aid and exemplification of the full, complete, and general power herein granted and not in limitation or definition thereof; and hereby ratifying all that my said attorney shall lawfully do or cause to be done by virtue of these presents.

And I hereby declare that any act or thing lewfully done hereunder by my said attorney shall be binding on myself, and my heirs, legal and personal respectatives, and assigns whether the same shall have been done before or after my death, or other revocation of this instrument, unless and until reliable installigence or notice thereof shall have been received by my said attorney; and whether or not I, the grantor of this instrument, shall have been reported or listed, either officially or otherwise, as "missing in action" as that phrase used in military parlance, it being the intendment hereof that such status designation shall not bar my attorney from fully and completely exercising and continuing to exercise any and all powers and rights herein granted, and that such report of "missing in action" shall neither constitute or be interpreted as constituting notice of my death nor operate to revoke this instrument.

constituting notice of my death nor operate to revoke this instrument.
IN WITNESS WHEREOF, I have hereunto set my hand and seal the 10 TH day of MAY, nineteen hundred and fifty 5 H
Rose Atomber
David M. Stanley ADDRESS 115 Smeet Dr. Macontine, Lower
3. Elle 12 Silehrist ADDRESS & Corpsille and Methodorth
(County or district)
(State or county) ss.
do hereby certify, that I am a duly corrissioned, qualified, and authorized notar; public in and for the sand that
(County or district) State or County)  (County or district) State or County)
tical known to me as the person who executed the foregoing Power of Attorney, imposured before me this day within the territorial limits of my authority, and being first duly sworn, executed said instrument after the contents thereof had been read the contents thereof had been read
duly explained to him, and acknowledged that the execution of said instrument by the was his free and voluntary act and deed for the uses and purposes therein set for the uses and purposes therein set
In witness whereof, I have hereunto set my har I and affixed my official seal
(SELL) 11111111111111111111111111111111111
NCTARY PUBLIC