death. This instrument may be executed in counterparts.

The rights, powers and authority of such attorney-in-fact herein granted shall commence and be in full force and effect on the date of execution of this instrument, and such rights, powers and authority shall remain in full force and effect thereafter until death. This power of attorney shall not be affected by my subsequent disability or incapacity.

This instrument is to be construed and interpreted as a general durable power of attorney. This instrument is executed and delivered in the State of Kansas, and the laws of the State of Kansas shall govern all questions as to validity of this power and construction of its provisions.

IN WITNESS WHEREOF, I have hereunto set my hand this 18th day of November, 1991.

Trum J. Stoneback

Irvin J. Stoneback

STATE OF KANSAS

) ss:

COUNTY OF DOUGLAS

BE IT REMEMBERED, that on this ______ day of November, 1991, before me, the undersigned, a notary public in and for said county and state, came Irvin J. Stoneback, to me personally known to me to be the same person who executed the foregoing instrument of writing, and duly acknowledged execution of the same.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last above written.

Notary Public

My Commission Expires: 2-20-94

VICKI MURRISON NOTARY PUBLIC STATE OF KANSAS My Appointment Exp.