

# **DURABLE POWER OF ATTORNEY**

## **NOTICE**

**THIS IS A DURABLE POWER OF ATTORNEY PURSUANT TO R.S. Mo. 404.700 AND R.S. Mo. 404.800 AND THE AUTHORITY OF MY ATTORNEY IN FACT SHALL NOT TERMINATE IF I BECOME DISABLED OR INCAPACITATED.**

**KNOW ALL MEN BY THESE PRESENTS**, that I Billy Ray Anderson, of Scott County, Missouri, do hereby revoke all prior Powers of Attorney including but not limited to **the document executed** on the 6th day of December, 2018. Further, I make, constitute, and appoint my good and trusted friend and CPA, Ted Eftink Agent and Attorney in Fact, for me and in my name, place, and stead to do and perform any and all of the following actions understanding that this document :

1. To receive and sue for all sums of money, dividends, interest, rent, payments on account of debts and legacies, and all property now due or which may hereafter become due and owing to me.
2. To deposit or withdraw monies in any banking institution in my name.
3. To sign checks in my name on any bank account or savings and loan account standing in my name.
4. To transfer any money in any account standing in my name into any other type of account in the same or any other institution, including any 401k or pension or welfare plans and to have access to any safe deposit box in any banking institution in my name.
5. To invest and reinvest, including the purchase of real or personal property, in such manner and in such property, including common or preferred stocks, bonds, notes, or debentures, or any association or corporation organized or located in any state or territory of the United States or any foreign country, shares of participation in any common trust fund, interests in investment trusts or other property, real or personal, and upon such terms and for such length of time and in such relative amounts as my attorney-in-fact shall determine to be in my best interest.
6. To pay any bills incurred by any person for my personal care and maintenance, including my living accommodations, food, clothing, vehicle expense, property taxes, income taxes, medical and dental and hospital expenses, attorney fees, accountant fees, and other ordinary living expenses.
7. To sell and convey all or any of my personal and real property for such price or other consideration and on such terms as my said attorney in the sole discretion of said attorney shall think best (including the power to sell for other than all cash and the power to take and accept a purchase money promissory note secured by a purchase money deed

of trust for part of the purchase money), and to execute any and all contracts with respect to such sale and modifications thereof, and other agreements, documents and instruments; to execute, acknowledge, and deliver good and sufficient deeds and conveyances for the same or any portion of the same either with or without covenants and warranty, including the power to execute deeds with full warranties or special warranties, and to execute affidavits with respect to presence or absence of adverse possessory rights and/or liens for work, labor, or material furnished to same; and to approve closing statements and to authorize the payment out of the proceeds of the sale of said real estate or out of any other funds any and all disbursements deemed by said attorney to be appropriate in connection with said sale and the closing of said sale.

8. To do and perform all and every act and thing whatsoever necessary to be done in order fully to carry out and effectuate the authority herein granted, as fully to all intents and purposes as I might or could do if personally present and personally acting, and I hereby ratify and confirm all that my said attorney may do pursuant to this power.

9. All references in this document to "my attorney" or "my said attorney" or "my true and lawful attorney," or similar designations shall refer to each and every person designated by name in this instrument.

10. I hereby direct that, to the extent authorized or permitted by applicable law, this power of attorney shall not be affected by my disability or incapacity. It is my intent that the authority conferred hereby shall be exercisable notwithstanding my disability or incapacity and that this power of attorney shall, if permitted by applicable law, be what is sometimes referred to as a "durable" power of attorney.

11. I hereby direct and empower my attorney to make any gifts or transfers (including but not limited to beneficiary deeds and other non-probate transfers) to effectuate my estate plan as it now exists or is hereafter modified. These powers will include, but not be limited to making gifts to beneficiaries who have been the recipients of gifts in the past. This power shall include the ability for the attorney-in-fact to make gifts to themselves in the event they have been recipients of gifts in the past. Said attorney-in-fact shall have the ability to execute, fund or amend any trust whether revocable or irrevocable, whether existing or not, for purposes of reducing or eliminating estate, gift or income taxes.

12. I hereby direct and empower my attorney to disclaim any or all interest in real or personal property whether by gift, devise, or bequest (herein called "disclaimed interest") by a "qualified disclaimer" as that term is defined in the Internal Revenue Code of 1954 as amended or any subsequent similar provision of law.

13. I hereby direct and empower my attorney to create or change survivorship interest in my property or property in which I have an interest.

14. In the event Ted Eftink should be unable to serve for any reason, then my son, John Raymond Anderson shall act in his place. In the event he should be unable to serve for any reason, then my daughters, Susan J. Bell, fka Susan Jene Anderson Eubank and, Marcia Dianne Anderson Mathis shall act as Successor Co Attorneys in Fact and if only one is able and willing to act, they shall act alone, for me and in my name, place, and stead.

15. My attorney-in-fact shall have the power to waive the attorney/client privilege, so the principal's attorney can freely communicate with the attorney-in-fact. My attorney-in-fact shall also have the authority to waive physician/patient privilege to allow the attorney-in-fact to openly communicate with the principal's physician.

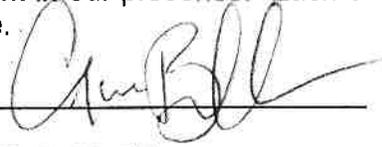
16. My attorney-in-fact shall have the power to nominate a guardian and/or a conservator.

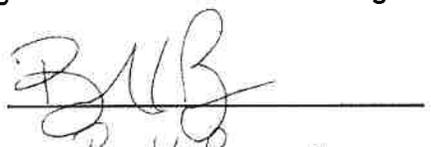
17. A true and correct copy of this instrument has been placed by me in the possession of Bradshaw, Steele, Cochrane, Berens & Billmeyer, L.C., whose address is 3113 Independence, P.O. Box 1300, Cape Girardeau, MO 63702-1300, hereinafter referred to as the "Holder", and this instrument shall remain in full force and effect until I notify said Holder in writing of my revocation thereof or until I regain possession of all executed original counterparts of this instrument. All persons dealing with my attorney-in-fact shall be protected in relying upon a copy of this instrument certified by said Holder to be a true copy hereof and shall be protected in relying upon the written certificate of this instrument from me, and I hereby declare that as against me and all persons claiming under me everything which my attorney-in-fact shall do or cause to be done pursuant hereto shall be valid and effectual in favor of any person claiming the benefit thereof who at the time of the doing thereof shall have relied upon any such certification made by said holder. In the event that applicable law requires that a power of attorney, in order to be legally classified as "durable," be filed in the office of the Recorder of Deeds or any other public or governmental office, then I direct that an executed counterpart of this power of attorney shall be so filed for record. I authorize the attorney-in-fact (or either of any of them) and the Holder herein designated to make such filing. In the event that said Holder shall hereafter receive from me a written revocation or modification of this instrument, then I hereby direct said Holder to file an executed counterpart of such written instrument in the same office in which shall have been filed this original instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 8th day of May, 2020.

  
Billy Ray Anderson

The person who executed the foregoing document is of sound mind and voluntarily signed this document in our presence. Each of the undersigned witnesses is at least eighteen years of age.

Signature   
Print Name Craig M. Billmeyer  
Address Cape Girardeau, MO

Signature   
Print Name Bodla Bruyere  
Address Cape Girardeau, MO

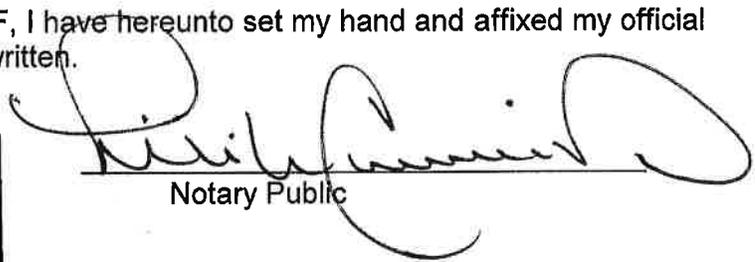
STATE OF MISSOURI )  
 ) ss.  
COUNTY OF CAPE GIRARDEAU )

On this 8th day of May, 2020, before me the undersigned, a Notary Public, in and for the County and State aforesaid, personally appeared Billy Ray Anderson, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

SEAL

NIKI L. CUMMINS  
Notary Public - Notary Seal  
STATE OF MISSOURI  
Scott County  
My Commission Expires: Sept. 13, 2023  
Commission #15257349

  
Notary Public