

STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, **MARY MERRILL TEAGUE**, residing at 2440 Peavy, Dallas, Texas 75228, appoint **LOLA ELENE SICKING**, residing at 5100 Johnson Road, Lincoln, Nebraska 68516, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following subjects:

TO WITHHOLD A POWER, YOU MUST CROSS OUT EACH POWER WITHHELD.

- (A) real property transactions;
- (B) tangible personal property transactions;
- (C) stock and bond transactions;
- (D) commodity and option transactions;
- (E) banking and other financial institution transactions;
- (F) business operating transactions;
- (G) insurance and annuity transactions;
- (H) estate, trust, and other beneficiary transactions;
- (I) claims and litigations;
- (J) personal and family maintenance;
- (K) benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service;
- (L) retirement plan transactions;
- (M) tax matters.

IF NO POWER LISTED ABOVE IS CROSSED OUT, THIS DOCUMENT SHALL BE CONSTRUED AND INTERPRETED AS A GENERAL POWER OF ATTORNEY AND MY AGENT (ATTORNEY-IN-FACT) SHALL HAVE THE POWER AND AUTHORITY TO PERFORM OR UNDERTAKE ANY ACTION I COULD PERFORM OR UNDERTAKE IF I WERE PERSONALLY PRESENT.

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENCY:

To begin or continue a gift program for the benefit of any of my children or grandchildren or to continue a gift program (or fulfill a pledge) to charitable organizations, by transferring either directly or indirectly to one or more of these donees such cash, stocks, bonds, securities, or other property and interest in property (consisting of any property, real, personal or mixed of whatsoever kind, wheresoever located and whensover acquired) as and when my attorney may think proper and in such amounts consistent with my prior gifts, my current estate, the tax benefits (estate, gift, and/or income) of any such gifts, and the donee's respective needs.

UNLESS YOU DIRECT OTHERWISE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN:

- (A) This power of attorney is not affected by my subsequent disability or incapacity.
- (B) This power of attorney becomes effective upon my disability or incapacity.

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED. IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).

A person (my agent or I) shall be considered disabled if (a) there is a determination of his/her incapacity by a court of competent jurisdiction, or (b) my agent or the named successor agent receives two affidavits from medical doctors, one of whom is such person's personal physician, stating that, in the doctor's opinion, such person is incapacitated and unable to manage his/her financial affairs without assistance. I authorize a physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by such physicians of my disability or incapacity.

I agree that any third party who receives a copy of this document may act under it. Revocation of the durable power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

If **LOLA ELENE SICKING** dies, becomes disabled, resigns, or refuses to act, I name **DEAN SICKING**, residing at 5100 Johnson Road, Lincoln, Nebraska 68516, to act as my agent (attorney-in-fact).

If at any time two individuals are serving as co-agents, I direct that they shall act together in performing the duties set out in this power of attorney, provided, however, a co-agent may delegate to the other co-agent the authority to act alone in performing any duties as agent. Any such delegation or



revocation or renewal of delegation shall be given in writing by the individual to the co-agent to whom powers or duties are delegated.

THE ATTORNEY IN FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT AND IS RESPONSIBLE FOR MAINTAINING APPROPRIATE RECORDS OF EACH TRANSACTION, INCLUDING AN ACCOUNTING OF RECEIPTS AND DISBURSEMENTS, UNTIL THE FOURTH ANNIVERSARY OF THE DATE THIS POWER OF ATTORNEY EXPIRES OR IS EXPRESSLY REVOKED BY THE PRINCIPAL.

Signed this 22nd day of November, 2011.

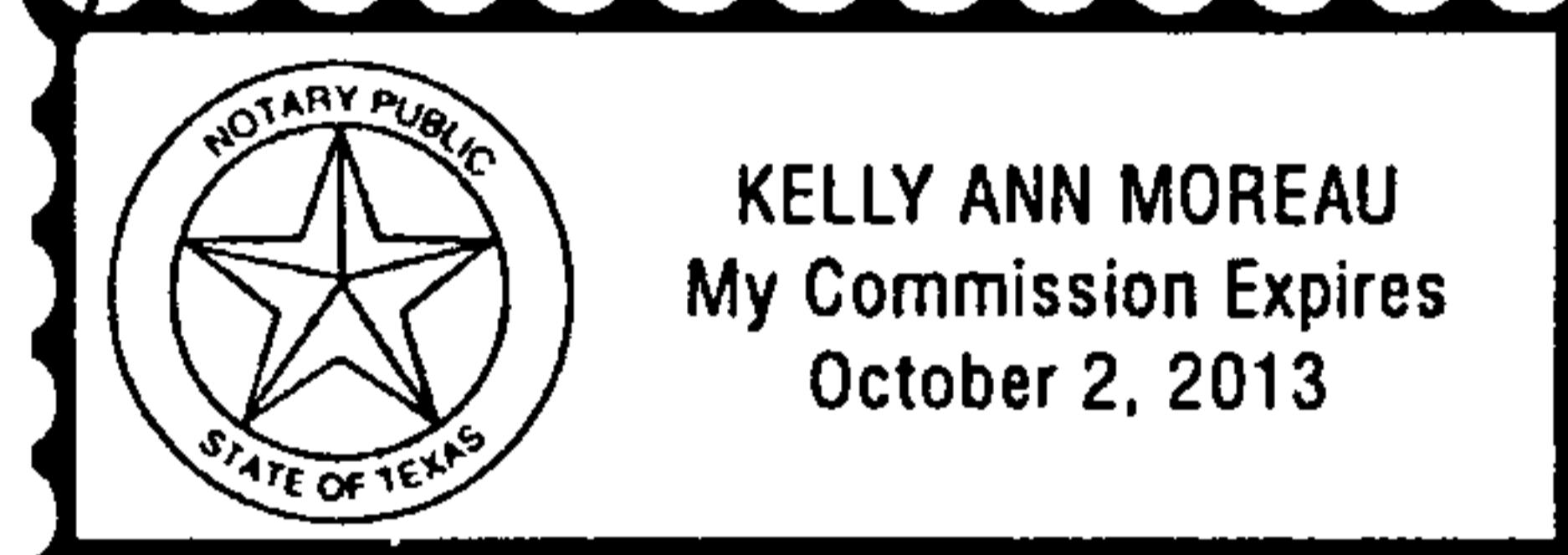
Mary Merrill Teague
MARY MERRILL TEAGUE

STATE OF TEXAS
COUNTY OF DALLAS

This document was acknowledged before me on this 22nd day of November, 2011, by MARY MERRILL TEAGUE.

My Commission Expires:

Notary Public in and for the State of Texas



The foregoing Statutory Durable Power of Attorney was validly executed with all the formalities required under Section 490 of the Texas Probate Code for a Statutory Durable Power of Attorney and complies with all statutory requirements as a valid Statutory Durable Power of Attorney under Texas law.

Compliance with Statute

Prepared By
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