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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

IOWA REAL ESTATE POWER OF ATTORNEY

Recorder's Cover Sheet

Preparer Information: John C. Compton, 116 1/2 W. Mission St., PO Box 8, Strawberry Point, IA 52076, Phone: 563-933-4334

Taxpayer Information: N/A

Return Document To: Brittney Dees, 410 W Marion St., Manchester, IA 52057

Grantors:

Dakota Dees

Grantees:

Brittney Dees

Legal Description:

Document or instrument number if applicable:

IOWA REAL ESTATE POWER OF ATTORNEY

I. APPOINTMENT. This Power of Attorney is made on March 11th 20 24, ("Effective Date") between the following:

Principal: I, Dakota Dees, the "Principal," with a mailing address of 410 W Marion St Manchester Iowa, hereby appoint:

Agent: Brittney Dees, with a mailing address of 410 W marion St. Manchester IA ("Agent").

II. 2ND AGENT. If the above Agent cannot serve, I hereby appoint: (check one)

☑ - No other individual.

☐ - Another Agent. _____, with a mailing address of _____ to act on my behalf and hold the same powers as the Agent.

III. REAL ESTATE. This Power of Attorney is in reference to: (check one)

☑ - A Single-Property. For the following property: 410 W Marion St Manchester IA ("Real Estate").

☐ - Multiple Properties. For any property, partially or wholly owned, by the Principal.

IV. POWERS GRANTED. The Principal grants the Agent power to negotiate, execute, modify, and deliver any documents necessary to complete the following type(s) of real estate transactions: (initial and check all that apply)

D.D ☑ - Selling. Additionally, this may include accepting closing proceeds for deposit into my account, which has been previously disclosed to my Agent.

D.D ☑ - Purchasing. Additionally, this may include finalizing all documents necessary to complete the financing and purchase of the property.

D.D ☑ - Management. Additionally, this may include making repairs (with reimbursement), approving sub-contractors for work, evicting tenants, and any other representation as needed on a day-to-day basis.

D.D ☑ - Financing. Additionally, this may include modifying, executing, and delivering all documents necessary to complete the financing as well as to withdraw and disburse funds necessary from my account, which I have previously disclosed to my Agent.

V. TERM. This Power of Attorney shall begin on the Effective Date and shall continue until the: (initial and check one)

D.D ☑ - End Date of December 31st, 2024.

D.D ☑ - **Principal's** Incapacitation or when the Principal can no longer think for themselves. (non-durable).

D.D ☑ - The **Principal's death** or revocation.

VI. DURABLE. In the event the Principal is shown to be incapacitated, or not able to think for themself, this Power of Attorney shall: (initial and check one)

_____ ☐ - NOT be Valid. This Power of Attorney is non-durable and shall be revoked immediately upon the Principal's incapacitation.

D.D ☑ - Remain Valid. This Power of Attorney is durable and shall not be revoked upon the Principal's incapacitation.

VII. GOVERNING LAW. This Power of Attorney shall be governed by the laws located in the state of Iowa ("Governing Law").

In accordance with Governing Law, I, the Principal, hereby revoke any other Power of Attorney related specifically to the Real Estate mentioned in Section III with the Agent, and any Alternate Agent, as the only persons allowed to act in my presence for such matters.

VIII. EXECUTION. As required under the Governing Law, this Power of Attorney shall be signed under: (initial and check all that apply)

D.D ☑ - Notary Public
_____ ☐ - One (1) Witness
_____ ☐ - Two (2) Witnesses

Principal's Signature

Dakota Dees
Print Name

03/11/2024
Date

NOTARY ACKNOWLEDGMENT

STATE OF Iowa
COUNTY OF Delaware, ss.

On this day of March 11th, 2024, before me appeared Dakota L. Dees, as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed the foregoing acceptance of appointment and acknowledged that (s)he executed the same as his/her free act and deed.

Kelsey A Casey
Notary Public
Kelsey A. Casey
Print Name

KELSEY A. CASEY
Commission Number 825784
My Commission Expires
June 16, 2026

My commission expires: June 16, 2026

WITNESS ACKNOWLEDGMENT

I/We, the witness(es), each do hereby declare in the presence of the Principal that he/she/they signed and executed this instrument in my/our presence, and that the Principal signed it willingly, and that each witness hereby signs this Power of Attorney as witness at the request of the Principal and in the Principal's presence, and that, to the best of knowledge, the Principal is at least eighteen (18) years of age, of sound mind, and under no constraint or undue influence.

Jennifer Mineart
1st Witness Signature
221 E Main Manchester IA 52057
Mailing Address
563-927-4014
Phone

Jennifer Mineart
Print Name

MaKayla Kraus
2nd Witness Signature
221 E. main St Manchester IA 52057
Mailing Address
563-927-4014
Phone

MaKayla Kraus
Print Name