



Document 2019 2697

Book 2019 Page 2697 Type 06 008 Pages 7
Date 8/29/2019 Time 1:14:56PM
Rec Amt \$37.00

INDX
ANNO
SCAN
CHEK

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

Jennifer L Schultz, 3044 N Stark Rd, Midland, MI 48642, 989-312-4895

Preparer Information: (Individual's Name, Street Address, City, Zip, Phone)

P196230

Scott F Schultz, 1812 Millstream Ct, Winterset, IA 50273, 989-495-2956

Taxpayer Information: (Individual/Company Name, Street Address, City, Zip, Phone)

Jennifer L Schultz, 1812 Millstream Ct, Winterset, IA 50273, 989-312-4895

Return Document to: (Individual/Company Name, Street Address, City, Zip, Phone)

Type of Document: Power of Attorney

Grantors:

Grantees:

See Page 1 **for Legal Description:**

Book & Page Reference:

IOWA REAL ESTATE POWER OF ATTORNEY

PURSUANT TO IOWA CODE 633B

I, Jennifer Lynn Schultz [Full Name], of 3044 N Stark Rd

[Street Address] in the City of Midland, State of Michigan

(the "Principal") hereby appoint Scott FitzPatrick Schultz [Full Name], of


3044 N Stark Rd [Street Address] in the City of

Midland, State of Michigan (the "Agent") to act on my

behalf for the purpose set forth in Article I below (**Initial** and **Check** the Applicable Types):

Article I. Assignment of Authority

- **Sale of Real Estate:** My agent is authorized to act in my behalf for the purpose of selling the lands and premises located at _____ and with a legal description of _____. My agent is authorized to perform any and all acts related to such sale, including, but not limited to, executing, modifying and delivering any and all documents necessary to complete the transaction as well as accepting the closing proceeds for deposit into my account which has been previously disclosed to my agent.

 - **Purchase of Real Estate:** My agent is authorized to act in my behalf for the purpose of purchasing the lands and premises located at 1812 Millstream Ct. Winterset, Iowa 50273 and with a legal description of See Attached. My agent is authorized to perform any and all acts related to such purchase, including, but not limited to the financing and mortgaging of the property. My agent is authorized to execute, modify and deliver any documents necessary to complete the financing and purchase of the property as well as to withdraw and disburse funds necessary for the closing from my account which I have previously disclosed to my agent.

- **Management of Real Estate:** My agent is authorized to act on my behalf for the purpose of managing the premises located at _____ and with a legal description of _____. My agent is authorized to perform all acts related to maintaining the property such as but not limited to: making repairs (with reimbursement), approving sub-contractors for work, negotiating rents, signing lease/sublease agreements, evicting tenants and any other representation as needed for day-to-day management.

_____ - **Refinancing:** My agent is authorized to act in my behalf for the purpose of refinancing my debts, including, but not limited to any debts secured by a mortgage on the lands and premises located at _____ and with a legal description of _____. My agent is authorized to perform any and all acts related to such refinancing, including but not limited to, modifying, executing and delivering any and all documents necessary to complete the refinancing as well as to withdraw and disburse funds necessary to complete the refinancing from my account which I have previously disclosed to my agent.

Article II. Durable Power of Attorney

This power of attorney shall not be affected by the Principal's subsequent disability or incapacity unless otherwise stated in Article III(b).

Article III. Term

(**Initial** and **Check** the Applicable Term):

- a. YJB - This power of attorney is effective as of the date hereof and shall terminate upon revocation or automatically on the 1 day of September, 2019.
- b. _____ - **(Non-Durable Option)** This power of attorney is effective as of the date hereof and shall terminate upon my incapacity, or death, or revocation.
- c. _____ - This power of attorney is effective as of the date hereof and shall terminate upon my death or revocation.

Article IV. Ratification

I, the Principal, grant to my Agent full power and authority to perform all acts on my behalf as I could do if personally present, hereby ratifying and confirming all that my Agent may do pursuant to this power.


Article V. Governing Law

This Note shall be governed by, and construed in accordance with, the laws of the State of Iowa.

Article VI. Revocation

I, the Principal, hereby revoke any existing powers of attorney that may have previously been granted by me relative to the above described property.

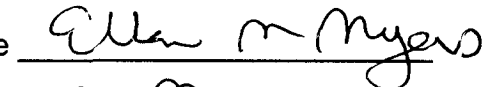
In witness whereof, I have executed this instrument this 31 day of July,
2019.

Principal's Signature  Print Name Jennifer L Schultz

Agent's Signature  Print Name Scott F Schultz

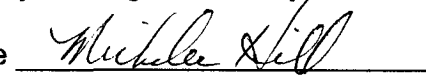
Affirmation by Witness 1

I, Ellen M Myers, witnessed the execution of this Power of Attorney by the Principal, and I affirm that the Principal appeared to me to be of sound mind, was not under duress, and the Principal affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness 1 Signature 
Print Name Ellen M Myers

Affirmation by Witness 2

I, Michelle Hill, witnessed the execution of this Power of Attorney by the Principal, and I affirm that the Principal appeared to me to be of sound mind, was not under duress, and the Principal affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness 2 Signature 
Print Name Michelle Hill

NOTARY ACKNOWLEDGMENT

STATE OF Michigan
Midland County, ss.

On this 31st day of July, 2019, before me appeared

Jennifer L. Schultz as the Principal who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

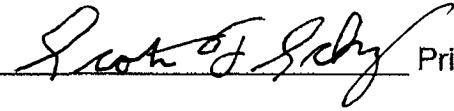
Ellen M Myers
Notary Public

Print Name: Ellen M Myers My commission expires: 6-3-2024

ELLEN M MYERS
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF MIDLAND
My Commission Expires June 3, 2024

Acceptance by Agent

The undersigned Agent acknowledges and executes this Power of Attorney, and by such execution does hereby affirm that I: (A) accept the appointment as agent; (B) understand the duties under the Power of Attorney and under the law.

Agent's Signature  Print Name Scott F Schultz

Legal Description

Lot Forty-three (43) of COVERED BRIDGE ESTATES, a Subdivision located in Sections Twelve (12) and Thirteen (13) of Township Seventy-six (76) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, and in Sections Seven (7) and Eighteen (18) of Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa.