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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

General (Financial) Power of Attorney
Type of Document

PREPARER INFORMATION: (name, address, phone number)

Bernadette Lemon
409 W. Court Ave 515-577-8036
Winterset, IA 50273

TAXPAYER INFORMATION: (name and mailing address)

~~tax~~ N/A

RETURN DOCUMENT TO: (name and mailing address)

Bernadette Lemon
409 W. Court Ave 515-577-8036
Winterset, IA 50273

GRANTOR: (name)

Therese Fath

GRANTEE: (name)

Bernadette Lemon
Melissa Johnson

LEGAL DESCRIPTION: (if applicable)

See page:

Document or instrument of associated documents previously recorded:
(if applicable)

**IOWA
GENERAL POWER OF ATTORNEY FORM**

I. NOTICE - This legal document grants you (Hereinafter referred to as the "Principal") the right to transfer unlimited financial powers to someone else (Hereinafter referred to as the "Attorney-in-Fact"), unlimited financial powers are described as: **all financial decision making power legal under law**. The Principal's transfer of financial powers to the Attorney-in-Fact are granted upon authorization of this agreement, and **DO NOT** stay in effect in the event of incapacitation by the Principal (incapacitation is described in Paragraph II). This agreement does not authorize the Attorney-in-Fact to make medical decisions for the Principal. The Principal continues to retain every right to all their financial decision making power and may revoke this General Power of Attorney Form at anytime. The Principal may include restrictions or requests pertaining to the financial decision making power of the Attorney-in-Fact. It is the intent of the Attorney-in-Fact to act in the Principal's wishes put forth, or, to make financial decisions that fit the Principal's best interest. All parties authorizing this agreement must be at least 18 years of age and acting under no false pressures or outside influences. Upon authorization of this General Power of Attorney Form, it will revoke any previously valid General Power of Attorney Form.

II. INCAPACITATION - The powers granted to the Attorney-in-Fact by the Principal in this General Power of Attorney Form **DO NOT** stay in effect upon incapacitation by the Principal, incapacitation is describes as: **A medical physician stating verbally or in writing that the Principal can no longer make decisions for them self.**

III. REVOCATION - The Principal has the right to revoke this General Power of Attorney Form at anytime. Any revocation will be effective if the Principal either:

- A. Authorizes a new General Power of Attorney Form.
- B. Authorizes a Power of Attorney Revocation Form.

IV. WITNESS & NOTARY - This document is not valid as a General Power of Attorney unless it is acknowledged before a notary public or is signed by at least two adult witnesses who are present when the Principal signs or acknowledges the Principal's signature. **It is recommended to have this General Power of Attorney Form notarized.**

V. PRINCIPAL - I, Therese Fath residing at
Name of Principal

1111 N 8th Ave #16

Street Address of Principal

City of Winterset, State of Iowa, appoint
City of Principal State of Principal

the following as my Attorney-in-Fact, whom I trust with any and all my financial decision making power immediately upon the authorization of this form:

VI. ATTORNEY-IN-FACT - Bernadette Lemon residing at
Name of Attorney-in-Fact

409 W. Court Ave

Street Address of Attorney-in-Fact

City of Winterset, State of Iowa grant
City of Attorney-in-Fact State of Attorney-in-Fact

the Attorney-in-Fact the legal authority to act on my behalf for any power legal under law in regard to my financial decisions under the State of

Iowa
State

VII. SUCCESSOR ATTORNEY-IN-FACT (Optional) - If the Attorney-in-Fact named

above cannot or is unwilling to serve, then I appoint Melissa Johnson
Name of Successor Attorney-in-Fact

residing at

1115 Juniper Drive

Street Address of Successor Attorney-in-Fact

City of Carlisle, State of Iowa grant
City of Successor Attorney-in-Fact State of Successor Attorney-in-Fact

the Attorney-in-Fact the legal authority to act on my behalf for any power legal under law in regard to my financial decisions under the State of

Iowa
State

VIII. TERMS & CONDITIONS - Upon authorization by all parties, the Attorney-in-Fact accepts their designation to act in the Principal's best interests for all financial decisions legal under law.

IX. THIRD PARTIES - I, the Principal, agree that any third party receiving a copy via: physical copy, email, or fax that I, the Principal, will indemnify and hold harmless any and all claims that may be put forth in reference to this Durable Power of Attorney Form.

X. COMPENSATION - The Attorney-in-Fact agrees not to be compensated for acting in the presence of the Principal. The Attorney-in-Fact may be, but not entitled to, reimbursement for all: food, travel, and lodging expenses for acting in the presence of the Principal.

XI. DISCLOSURE - I intend for my attorney-in-fact under this Power of Attorney to be treated, as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164

XII. PRINCIPAL'S SIGNATURE - I, Therese Fath, the Principal,
Printed Name of Principal

sign my name to this power of attorney this 29 day of
December and, being first duly sworn, do declare to the
Day
Month

undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Therese M. Fath
Signature of Principal

XIII. ATTORNEY-IN-FACT'S SIGNATURE - I, Bernadette Lemon
Name of Attorney-in-Fact

have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge and accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Bernadette Lemon 12-29-2021
Signature of Attorney-in-Fact *Date*

SUCCESSOR ATTORNEY-IN-FACT'S SIGNATURE (Optional) -

I, Melissa Johnson have read the attached power of
Name of successor Attorney-in-Fact

attorney and am the person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts, and disbursements on behalf of the principal.

Melissa Johnson
Signature of Successor Attorney-in-Fact

12/29/21
Date

Witness Attestation

I, Laurie Lensing, the first witness, and I Jana S Corkran
Printed Name of First Witness *Printed Name of Second Witness*

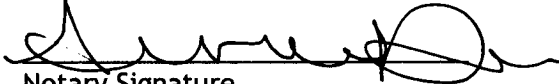
the second witness, sign my name to the foregoing power of attorney being first duly sworn and do not declare to the undersigned authority that the principal signs and executed this instrument as him or her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Laurie Lensing
Signature of First Witness

Jana S Corkran
Signature of Second Witness

Notary Acknowledgement (Must be completed by Notary)

State of Iowa County of Madison Subscribed,
Sworn and acknowledged before me by Therese Fath, the
Principal, and subscribed and sworn to before me by Laurie Lensing, Jana Corkrean
witness, this 29th day of December 2021

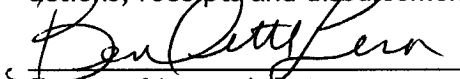

Notary Signature



Notary Public
In and for the County of Madison
State of IOWA
My commission expires: 5.13.2024 Seal

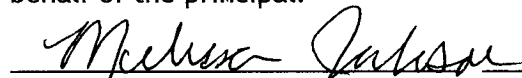
Acknowledgement and Acceptance of Appointment as Attorney-in-Fact

I, Bernadette Lemon have read the attached power of attorney
Name of Attorney-in-Fact
and am the person identified as the attorney-in-fact for the principal. I hereby
acknowledge that I accept my appointment as Attorney-in-Fact and that when I
act as agent I shall exercise the powers for the benefit of the principal; I shall
keep the assets of the principal separate from my assets; I shall exercise
reasonable caution and prudence; and I shall keep a full and accurate of all
actions, receipts and disbursements on behalf of the principal.


Signature of Attorney-in-Fact 12-29-2021
Date

Acceptance of Appointment as successor Attorney-in-Fact

I, Melissa Johnson have read the attached power of
Name of successor Attorney-in-Fact
attorney and am the person identified as the successor attorney-in-fact for the
principal. I hereby acknowledge that I accept my appointment as Successor
Attorney-in-Fact and that, in the absence of a specific provision to the contrary
in the power of attorney, when I act as agent I shall exercise the powers for
the benefit of the principal; I shall keep the assets of the principal separate
from my assets; I shall exercise reasonable caution and prudence; and I shall
keep a full and accurate record of all actions, receipts, and disbursements on
behalf of the principal.


Signature of Successor Attorney-in-Fact 12-29-21
Date