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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

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POWER OF ATTORNEY - SHORT FORM

Recorder's Cover Sheet

F10136363

Preparer Information: (name, address and phone number)

Zorica Ilic Burch, 4201 Westown Parkway, Suite 250, West Des Moines, IA 50266,

Phone: (515) 283-1801 (FID130363 - ZIB)

Return Document To: (name and complete address)

Zorica Ilic Burch, 4201 Westown Parkway, Suite 250, West Des Moines, IA 50266

Grantors:

Lisa Matthews

Grantees:

Ryan Matthews

Legal Description: See Page 2

Document or instrument number of previously recorded documents:

POWER OF ATTORNEY - SHORT FORM

The undersigned, Lisa Matthews of 3316 Hickman Rd, Des Moines, IA 50310, does hereby make. constitute, and appoint her husband. Ryan Matthews, of 3316 Hickman Rd, Des Moines, IA 50310, the undersigned's true and lawful Attorney-in-fact, with full right, power and authority to act for the undersigned, and in the undersigned's name, place and stead with respect to the following:

To sign, execute, and in any other manner complete the Note, Mortgage, settlement statements, federally mandated disclosures, name or identity affidavits, occupancy affidavits, required affirmations and disclosures and any and all documents required by Fidelity Bank., its successors and/or assigns, and Wasker, Dorr, Wimmer & Marcouiller, P.C., to facilitate the mortgage loan and purchase closing for property legally known as:

Lots Six (6) and Seven (7), EXCEPT the East 18.50 feet of said Lot Seven (7), all in Block Twelve (12) of West Addition to the City of Winterset, Madison County, Iowa.

And locally known as 615 West Green Street, Winterset, IA 50273.

Parcel Number: 820000312052000.

Giving and Granting unto said Attorney-in-Fact the full power and authority to do and perform each and every act, deed, matter and thing whatsoever required and necessary to be done in and about the foregoing, as fully as the undersigned might or could do if personally present and acting.

The undersigned further directs that this Power of Attorney shall take effect immediately and all rights, powers and authority contained herein shall not continue beyond six (6) months from the date hereof. This Power of Attorney shall not be affected by my disability.

The undersigned do hereby authorize said Attorney-in-Fact to relinquish all rights of dower, homestead and distributive share in and to any real estate described herein in which the undersigned has an interest.

Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context.

Dated: 9-13-2022

) ss: COUNTY OF

This record was acknowledged before me this 13 day of Septem by Lisa Matthews.

2022.

Shannon R Thome Commission Number 751665 My Commission Expires March 11 2023

Notary Public in and for said State