

BK: 2024 PG: 663

Recorded: 3/28/2024 at 10:03:56.0 AM

Pages 4

County Recording Fee: \$22.00

Iowa E-Filing Fee: \$3.00

Combined Fee: \$25.00

Revenue Tax: \$0.00

BRANDY L. MACUMBER, RECORDER

Madison County, Iowa

Recording Requested by and prepared by:

Stephanie Davis

First American Mortgage Solutions

1795 International Way

Idaho Falls, ID 83402

When Recorded Return to:

Stephanie Davis

First American Mortgage Solutions

1795 International Way

Idaho Falls, ID 83402

Stephanie Davis (801) 716 8630

Flexter 1806373

LIMITED POWER OF ATTORNEY

Grantor: Empeople Credit Union

Grantee: First American Title Insurance Company

Recording requested by/Return to:
First American Title Insurance Company
1795 International Way
Idaho Falls, ID 83402

Limited Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS:

THAT, Empeople Credit Union an Illinois Credit Union ("Servicer") with a business address of 3950 38th Avenue Moline IL 61265, does hereby make, appoint, and authorize, First American Title Insurance Company ("Vendor"), with a business address of 3 First American Way, Santa Ana, CA 92707, to be Servicer's true and lawful attorney-in-fact and hereby grants Vendor authority and power to take, through its duly authorized representatives, such actions, in Servicer's name, place and stead, for the sole purposes of executing mortgage documents with respect to each mortgage loan serviced by Servicer described in more detail as follows:

- 1) Execute and record substitution of trustees on behalf of Servicer; and
- 2) Execute and record deeds of reconveyances/lien releases on behalf of Servicer.

Servicer gives said attorney-in-fact full power and authority to execute the aforementioned documents and to do and perform all and every act and thing requisite, necessary, and proper to carry into effect the power or powers granted by or under this Limited Power of Attorney as fully, to all intents and purposes, as the undersigned might or could do, and hereby does ratify and confirm all that said attorney-in-fact shall lawfully do or cause to be done by authority hereof.

This Limited Power of Attorney is effective as of the Effective Date below and shall expire upon Vendor's receipt of written revocation from Servicer. This Limited Power of Attorney may only be used in the execution of the powers herein by (a) those Vendor officers who have been duly appointed as Executive Vice President, Senior Vice President, Vice President, Assistant Vice President, Secretary or Assistant Secretary, and/or (b) non-officers who have been duly designated by Vendor as having signing authority for the tasks listed above. Servicer shall have the sole right to limit such signing authority or may revoke signing authority from any officer or other authorized non-officer for any reason and at any time. Vendor agrees that no third party or any person not authorized hereunder who receives a copy of this document may act under it without Servicer's prior written consent.

By these hands witnesseth that I, Becky Beard

being the AVP Mortgage Servicing of Empeople Credit Union, am a duly authorized corporate officer and am authorized to grant this power of attorney on behalf of Empeople Credit Union on this

26th day of April, 2023 (. ("Effective Date").

Empeople Credit Union
Becky Beard [By]
Becky Beard [Printed]
AVP Mortgage Servicing [Title]

4/26/23 [DATE] [WITNESS] [Signature]
Meghan May [Printed]

4/26/23 [DATE] [WITNESS] [Signature]
Annette Hillier [Printed]

{NOTARY SECTION IN THE FOLLOWING PAGE}

STATE OF Illinois

COUNTY OF Rock Island

On this 26th day of April in the year 2023 before me, Terri Jared the undersigned, personally appeared Becky Beard, AVP Mortgage Servicing, Empeople Credit Union, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual(s) made such appearance before the

undersigned in the County of Rock Island ,

State of Illinois.

WITNESS my hand and official seal.



NOTARY STAMP GOES HERE

Terri L. Jared
NOTARY PUBLIC [name goes here]

My commission expires: 12-06-2026