BK: 2026 PG: 3185
Recorded: 10/27/2026 at 8:34:18.0 AM
Pages 3
County Recording Fee: $17.00
Iowa E-Filing Fee: $3.00
Combined Fee: $20.00
Revenue Tax: $0.00
BRANDY L. MACUMBER, RECORDER
Madison County, Iowa

Prepared by and after recording, return to:
DocSolutionUSA, LLC
2316 Southmore
Pasadena, TX 77502
713-941-4928

THE STATE OF WA

COUNTY OF Snohamish

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that Coastal Community Bank, a Washington chartered bank, formed and existing under the laws of the State of Washington and having its principal place of business at 5415 Evergreen Way, Everett, WA 98203 (hereinafter "Investor") hereby appoints DocSolutionUSA, LLC dba DocSolution, Inc., formed and existing under the law of the State of Texas and having its principal place of business at 2316 Southmore, Pasadena, TX 77502 (hereinafter "Vendor"), as its true and lawful attorney in fact to act in the name, place, and stead of Investor for the limited purposes set forth below.

Now, therefore, Investor does hereby constitute and appoint Vendor the true and lawful Attorney-in-Fact of Investor and in Investor's name, place, and stead to Vendor for the following, and only the following, purposes:

To prepare, execute, acknowledge, and record full or partial mortgage lien satisfaction/release/reconveyance documents, or equivalent documents for security interests in chattel or personal property, consistent with Investor's instructions regarding the foregoing.

Investor may terminate this appointment at any time by written notice to Vendor.

This limited Power of attorney is effective as of February 7th, 2025

IN WITNESS WHEREOF, Investor has executed this Limited Power of Attorney this 7 day of February 2025.

COASTAL COMMUNITY BANK

BY: Curt Queyrouze
TITLE: President

ATTEST:

BY:

ATTEST:

BY:

ADD NOTARY ACKNOWLEDGE HERE

Washington Notarial Certificates

For an acknowledgment in an individual capacity:

State of Washington

County of Snohomish

I certify that I know or have satisfactory evidence that Curt Quegrane (name of person) is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 2/7/25

(Seal or stamp)



Signature

Notary Public
Title

My appointment expires: 4/21/26

For an acknowledgment in a representative capacity:

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____ (name of person) is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the _____ (type of authority, e.g., officer, trustee, etc.) of _____ (name of party on behalf of whom instrument was executed) to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: _____

(Seal or stamp)

_____
Signature

_____
Title