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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

Power of Attorney

Preparer Information: (Individual's name, address and phone number)

Wesley Earl Tolley IMCC, 2700 Coral Ridge Ave.
Coralville, IA 52241
319-626-2391

Taxpayer Information: (Taxpayer's name and full mailing address)

✓ **Return Document To:** (Name and full mailing address)

Amanda Lynn Belluchi 6318 W. 100th St. N.
Mingo, IA 50168

Grantors:

Wesley Earl Tolley

Grantees:

Amanda Lynn Belluchi

Parcel Identification Number: (If required or applicable)

Legal Description:

Document or instrument number of associated documents previously recorded:

POWER OF ATTORNEY - SHORT FORM

The undersigned
Wesley Talley

of Madison County, Iowa, does hereby make, constitute and appoint

Amanda Bellucci

of Jasper County, Iowa, 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:

① My 2000 Ford Explorer sport, ② All my Boots And Clothes ③ 2 End Tables with Title.
④ All The DVD in T.V. Stand ⑤ My Leather Vest + My motorcycle Black Leather Coat
⑥ my watch + Ring . ⑦ My Work Tools + Tool Belts + My Income Tax money
⑧ And any of Amanda Bellucci Things Still Thier. ⑨ My 94 piece Craftsman Tool Kit.
⑩ Any and all welding equipment or gear. ⑪ Social Security Card + Birth certificate
⑫ And any and all Finacial obligations, Legals matters. + Banks accounts in the Feaster.

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.

In the event my Attorney-in-Fact is unable to serve for any reason or if my Attorney-in-Fact is currently my spouse and we become legally separated or our marriage is dissolved, I name _____ of _____, as successor to my Attorney-in-Fact.

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The undersigned further directs that this Power of Attorney shall take effect immediately and shall be irrevocable unless and until such time as there is filed of record a duly acknowledged revocation of this instrument in the same office in which the instrument containing this power is recorded. This Power of Attorney shall not be affected by my disability.

The undersigned does 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: 5-9-2011, ____ Wesley Tolley

Wesley Tolley

STATE OF IOWA, COUNTY OF Johnson

This instrument was acknowledged before me on 5-9-11, by Wesley Tolley, IMCC

Notary Public

IOWA NOTARIAL SEAL

Karin Bond
Iowa Notarial Seal
Commission Number 751518
My Commission Expires 2/28/14

Caution: Use only for limited powers. For comprehensive powers, use ISBA form #120 - General Power of Attorney.