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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

Power of Attorney
Type of Document

PREPARER INFORMATION: (name, address, phone number)

Jerrold Oliver
P.O. Box 230
Winterset, IA 50273
(515) 462-3731

TAXPAYER INFORMATION: (name and mailing address)

N/A

RETURN DOCUMENT TO: (name and mailing address)

Wayne Manning
915 E. Benton St.
Winterset, IA 50273

GRANTOR: (name)

Elsie Manning

GRANTEE: (name)

Wayne Manning
JoAnn Berry

LEGAL DESCRIPTION: (if applicable)

See page:

N/A

Document or instrument of associated documents previously recorded:

(if applicable)

N/A

DURABLE GENERAL POWER OF ATTORNEY

1. Designation of Attorney-in-Fact

I, Elsie Manning, of 1015 W Summit #108, Winterset, IA 50273 appoint Wayne Manning, 915 E Benton, Winterset, IA 50273 and JoAnn Berry, 2827 Rustic Ave., Peru, IA 50222 my Attorneys-in-Fact.

Either Attorney-in-fact shall have the right to exercise all of the powers set forth herein, singly or jointly with the other Attorney-in-fact.

I hereby revoke any and all general powers of attorney that may have been previously executed by me, but specifically excepting any powers of attorney for health care decisions which I may have previously executed.

2. Powers of Attorney-in-Fact.

My Attorney-in-Fact shall have full power and authority to manage and conduct all of my affairs, with full power and authority to exercise or perform any act, power, duty, right or obligation I now have or may hereafter acquire the legal right, power and capacity to exercise or perform. The power and authority of my Attorney-in-Fact shall include, but not be limited to, the power and authority:

A. To buy, acquire, obtain, take or hold possession of any property or property rights and to retain such property, whether income producing or non-income producing;

B. To sell, convey, lease, manage, care for, preserve, protect, insure, improve, control, store, transport, maintain, repair, remodel, rebuild and in every way deal in and with any of my property or property rights, now or hereafter owned by me, and to establish and maintain reserves for improvements, upkeep and obsolescence; to eject or remove tenants or other persons and to recover possession of such property. This includes the right to convey or encumber my homestead.

C. To pay my debts; to borrow money, mortgage and grant security interests in property; to complete, extend, modify or renew any obligations, either secured, unsecured, negotiable or non-negotiable, at a rate of interest and upon terms satisfactory to my Attorney-in-Fact; to lend money, either with or without collateral; to extend or secure credit; and to guarantee and insure the performance and payment of obligations of another person or entity;

D. To open, maintain or close accounts, brokerage accounts, savings and checking accounts; to purchase, renew or cash certificates of deposit; to conduct any business with any banking or lending institution in regard to any of my accounts or certificates of deposit; to write checks, make deposits, make withdrawals and obtain bank statements, passbooks, drafts, money orders, warrants, certificates or vouchers payable to me by any person or entity, including the

7. Effective Date and Durability.

This Power of Attorney shall be effective immediately, shall not be affected by my disability, and shall continue effective until my death; provided, however, that this Power of Attorney may be revoked by me as to my Attorney-in-Fact at any time by written notice to such Attorney-in-Fact.

8. Additional Provisions.

HIPAA and Protected Health Information. If any person's authority under the instrument is dependent upon any determination that I am unable properly to manage my affairs, then any physician attending me or otherwise requested by my Agent to determine my incapacity, and any other person or entity in possession of any of my "protected health information," as contemplated by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), is hereby authorized and directed to disclose my protected health information to my Agent to the extent necessary, and only to the extent necessary, for my Agent to determine whether an event of incapacity has occurred hereunder. Any limitation on protected health information to be disclosed hereunder shall have no effect upon any rights to such information any Agent may have under any Durable Power of Attorney for Health Care or other instrument granting access to such information.

Dated this 10 day of March, 2011.

Elsie Manning
Elsie M

Elsie Manning

STATE OF IOWA, COUNTY OF MADISON

This instrument was acknowledged before me on this 10 day of March, 2011, by Elsie Manning.

Jerrold B. Oliver

Jerrold B. Oliver, Notary Public

