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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

Power of Attorney

Type of Document

PREPARER INFORMATION: (name, address, phone number)

Gary Lee Kaufman
1537 4th Street
Des Moines, IA 50314

515-282-9581

TAXPAYER INFORMATION: (name and mailing address)

RETURN DOCUMENT TO: (name and mailing address)

Scott Remington
122 S. 4th Ave
Winterset, IA 50273

GRANTOR: (name)

Harriett Anne Remington

GRANTEE: (name)

Scott Terrill Remington

LEGAL DESCRIPTION: (if applicable)

See page:

Document or instrument of associated documents previously recorded:
(if applicable)

istration, or letters testamentary; to receive and give acquittance for all sums of money, debts, accounts whatsoever, which are or shall become due, owing and payable to the undersigned; to appear, waive a bond or other security; to deduct reasonable expenses, as herein authorized from any share due the undersigned.

GIVING AND GRANTING unto said attorney full power and authority to do and perform each and every act, deed, matter and thing whatsoever in and about our property, and affairs, as fully and effectually to all intents and purposes as we might or could do in our own proper person if personally present; hereby ratifying all that said attorney shall lawfully do or cause to be done by virtue thereof; PROVIDED HOWEVER, that nothing herein shall give or grant the power to execute a will or change a will or other testamentary instrument.

The undersigned further directs that this Power of Attorney shall take effect as below provided; and shall be irrevocable except as hereinafter otherwise expressly stated; and if real estate of the undersigned is involved, this instrument, as to such real estate shall not be revocable, unless and until such time as there is filed of record a duly acknowledged revocation of this instrument in the same public office in which the instrument containing this power is recorded (Code Section 558.1).

This Power of Attorney shall be effective on the 16th day of June, 2016 and shall continue effective only until the 19th day of June, 2016 or until

revoked

(recite occasion or event of termination)

which ever is later in point of time. PROVIDED HOWEVER, that this power, as between said Attorney-in-Fact and the undersigned, may be revoked at any time, and forthwith, by written notice to said Attorney-in-Fact; BUT, as regards any revocation by operation of law, including death, or disability, this Attorney-in-Fact, and anyone else in good faith relying upon the exercise of these powers by him, if he or they have had no notice or knowledge of such revocation by operation of law, may rely upon this instrument for its continuing validity.

EXCULPATION: Such Attorney-in-Fact shall not be liable for any loss sustained through error of judgment made in good faith, but he shall be liable for willful misconduct or breach of good faith.

By express agreement, the printed portions of this power are modified by striking therefrom paragraphs above, numbered N/A

CONSTRUCTION: The Attorney-in-Fact may do all acts which shall be necessary, proper and incidental for carrying into execution the foregoing powers. The terms and provisions of this Power of Attorney are intended to be and shall be so construed as to give the Attorney-in-Fact herein the right and power to act in connection with the property, property rights, options, exemptions, immunities, powers, duties, discretions and liabilities of either or both of us. Reference to the undersigned shall be construed as either or both the undersigned. Likewise, words and phrases herein, including acknowledgment hereof, shall be construed as in the singular, or plural number, and as masculine, feminine or neuter gender, according to the context. Each of the numbered powers of this Power of Attorney shall be construed as separate and independent powers, but aided and implemented by all the other powers herein.

IN WITNESS WHEREOF, we have hereunto set our hands and seals the 16th day of June, 2016

at Winterset, IA

Rick Heald (Signature)
Rick Heald (Print Name)
Harriet Anne Remington (Signature)
Harriet Anne Remington (Print Name)
Gary L. Kaufman (Signature)
Gary L. Kaufman (Print Name)

STATE OF IOWA }
COUNTY OF Madison }

On this 16th day of June, A. D. 2016, before me, the undersigned, a Notary Public in and for said County, in said State, personally appeared Harriet Ann Remington, Gary L. Kaufman and Rick Heald

to me known to be the identical persons named in and who executed the foregoing instrument and acknowledged that they executed the same as their voluntary act and deed.

JESSICA ALDRIDGE
Commission Number 768383
My Commission Expires 09-17

Jessica Aldridge (Signature)
Notary Public in and for said County

STATE OF IOWA }
COUNTY OF Madison }

On this 16 day of June, A. D. 2016, before me, Harriet Anne Remington

the undersigned Commissioned Officer, personally appeared Harriet Anne Remington known to me to be serving in or with the Armed Forces of the United States and to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same as his voluntary act and deed.

(Signature of Officer) _____ (Rank of Officer) _____ (Command to which attached) _____

Authority for this form of acknowledgment is Code of Iowa, Sec. 558.26

POWER OF ATTORNEY
--PLENARY
FROM _____ TO _____
Filed for record the _____ day of _____, A. D. 19____
at _____ o'clock _____ M., and recorded _____ of _____ Page _____ of _____
By _____ Recorder. _____ Deputy _____
Recording Fee \$ _____
WHEN RECORDED RETURN TO _____

Please type or print names under signatures as per Sec. 335.2 Code of Iowa as amended