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MADISON COUNTY IOWA

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Power of Attorney
Type of Document

PREPARER INFORMATION: (name, address, phone number)

David Lee Blair

515 323 1900

Mt Pleasant Correctional facility

1200 E Washington St.
Mt Pleasant IA 52641

~~TAXPAYER INFORMATION:~~ (name and mailing address)

✓ **RETURN DOCUMENT TO:** (name and mailing address)

Melissa Walker

305 S. 2nd St

Winterset IA 50273

GRANTOR: (name)

David Blair

GRANTEE: (name)

Melissa Walker

~~LEGAL DESCRIPTION:~~ (if applicable)

See page:

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

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT:

I, David Lee Blair, # 6717423, residing at:
Complete Address Mt. Pleasant Correctional Facility
1200 E. Washington St.
Mt. Pleasant, IA 52641

Hereby make, constitute, and appoint
Melissa Lynn Wolken

My true and lawful attorney in fact for my name, place, and stead, to:
The property at 305 S. 2nd st in
Winterset IA 50273

I grant and give my attorney in fact full authority and power to do and perform any and all acts necessary or incident to the performance and execution of the powers expressly granted herein as present with full power of substitution.

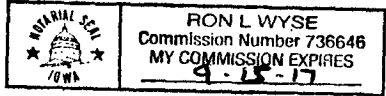
This Power of Attorney expires on the 1 day of November, 2017

IN WITNESS WHEREOF, I have hereunto signed my name on this
1 day of November, 2016.

[Signature]
Signature

STATE OF: IOWA
County of: Henry } ss.

Subscribed and sworn before me on this 1 day of November 2016.



[Signature]
Notary Public

(seal)