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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

## POWER OF ATTORNEY - SHORT FORM

### Recorder's Cover Sheet

**Preparer Information:** (name, address and phone number)

Mark L. Smith, POB 230, Winterset, IA 50273, Phone: (515) 462-3731

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**Taxpayer Information:** (name and complete address)

N/A

**Return Document To:** (name and complete address)

Dave Koch, Union State Bank, POB 110, Winterset, IA 50273

**Grantors:**

Anneline Van Benthem

**Grantees:**

Paul R. Scherer

**Legal Description:** See Page 2

**Document or instrument number of previously recorded documents:** \*\*\*Document Number  
TE\*\*\*

**POWER OF ATTORNEY - SHORT FORM**

The undersigned, Anneline Van Benthem, of MONTEREY County, California, does hereby make, constitute and appoint Paul R. Scherer of Madison 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:

The purchase of the following-described real estate:

The East Half (E 1/2) of the West Two-thirds (W 2/3) of Lot One (1) in Block Twenty-three (23) of the Original Town of Winterset, Madison County, Iowa

Including, but not limited to, all loan documents necessary for funding to purchase said property.

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.

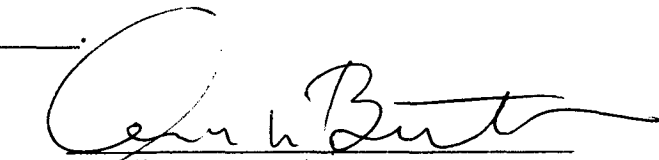
In the event my Attorney-in-Fact is unable to serve for any reason or if my Attorney-in-Fact is currently my spouse and we become legally separated or our marriage is dissolved, I name N/A of N/A, as successor to my Attorney-in-Fact.

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: 12/2/2016

  
Anneline Van Benthem

STATE OF CALIFORNIA, COUNTY OF \_\_\_\_\_:

This record was acknowledged before me on \_\_\_\_\_, by Anneline Van Benthem.

See Attached Notary  
Signature of Notary Public

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Monterey  
On 12/2/2016 before me, Michael O'Brien / Notary  
*Date Here Insert Name and Title of the Officer*  
personally appeared Amelie Van Benthem  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]  
*Signature of Notary Public*

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Power of Attorney  
Document Date: 12/2/2016 Number of Pages: 2  
Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_  
 Corporate Officer -- Title(s): \_\_\_\_\_  Corporate Officer -- Title(s): \_\_\_\_\_  
 Partner --  Limited  General  Partner --  Limited  General  
 Individual  Attorney in Fact  Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_ Signer Is Representing: \_\_\_\_\_