



Document 2017 1214

Book 2017 Page 1214 Type 06 008 Pages 3
Date 4/19/2017 Time 8:56:10AM
Rec Amt \$17.00

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

Power of Attorney

Type of Document

PREPARER INFORMATION: (name, address, phone number)

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2621 Carpenter Ave.
Des Moines, IA 50311

TAXPAYER INFORMATION: (name and mailing address)

RETURN DOCUMENT TO: (name and mailing address)

Scott Remington
203 SW Mills St.
Greenfield IA 50849

GRANTOR: (name)

Harriett Remington

GRANTEE: (name)

Scott Remington

LEGAL DESCRIPTION: (if applicable)

See page:

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

DURABLE POWER OF ATTORNEY

The undersigned, **Harriett Anne Remington**, of Madison County, Iowa, does hereby make, constitute and appoint **Scott Remington** of Adair 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. 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;
2. All government benefits including Social Security, Medicaid, and Medicare;
3. Insurance companies for life, medical, and long term care;
4. To pay my debts;
5. Internal Revenue Service;
6. To have full access to any safety deposit boxes and their contents;

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. I hereby revoke all previous durable power of attorneys.

My Attorney-in-Fact shall maintain complete and accurate records of all acts performed pursuant to this power of attorney, including, without limitation, all receipts and disbursements. Upon my request or the request of any conservator appointed on my behalf or the personal representative of my estate, my Attorney-in-Fact shall allow inspection of these records and shall provide a complete accounting.

If Scott Remington cannot serve as my Attorney-in-fact, then I nominate and appoint, W. Bruce Remington, to serve as my Attorney-in-fact.

This Power of Attorney shall only take effect upon my disability as determined by my doctor.


HIPAA and 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: April 18, 2017


Harriett Anne Remington

STATE OF IOWA, COUNTY OF MADISON

This instrument was acknowledged before me on the 18th day of April 2017, by
Harriett Anne Remington


, Notary Public

