



Document 2018 2913

Book 2018 Page 2913 Type 06 008 Pages 3  
Date 9/10/2018 Time 12:46:39PM  
Rec Amt \$17.00

INDX  
ANNO  
SCAN

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

**Type of Document:** Power of Attorney

*6/18*

*LNF5026*

**Preparer Information:** (Individual's Name, Street Address, City, Zip, Phone)

Justin and Emma Woodward 709 E South St, Winterset, IA 50273

**Taxpayer Information:** (Individual/Company Name, Street Address, City, Zip)

Wasker, Dorr, Wimmer & Marcouiller, PC 4201 Westown Parkway, Ste 250, WDM, IA 50266

**Return Document to:** (Individual/Company Name, Street Address, City, Zip)

*Preparer info above*

**Grantors:**

**Grantees:**

**Legal Description:**

**Book & Page Reference:**

## GENERAL POWER OF ATTORNEY

THIS IS A MILITARY POWER OF ATTORNEY PREPARED PURSUANT TO TITLE 10, UNITED STATES CODE, SECTION 1044A, AND EXECUTED BY A PERSON AUTHORIZED TO RECEIVE LEGAL ASSISTANCE FROM THE MILITARY SERVICES. FEDERAL LAW EXEMPTS THIS POWER OF ATTORNEY FROM ANY REQUIREMENT OF FORM, SUBSTANCE, FORMALITY, OR RECORDING THAT IS PRESCRIBED FOR POWERS OF ATTORNEY BY THE LAWS OF A STATE, THE DISTRICT OF COLUMBIA, OR A TERRITORY, COMMONWEALTH, OR POSSESSION OF THE UNITED STATES. FEDERAL LAW SPECIFIES THAT THIS POWER OF ATTORNEY SHALL BE GIVEN THE SAME LEGAL EFFECT AS A POWER OF ATTORNEY PREPARED AND EXECUTED IN ACCORDANCE WITH THE LAWS OF THE JURISDICTION WHERE IT IS PRESENTED.

### KNOW ALL PERSONS BY THESE PRESENTS:

That I Woodward, Justin, of the State of Texas, do hereby appoint Woodward, Emma, currently residing in (city & state) Killeen, TX, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following subjects:

1. **General:** To lease, sell, use, establish title to, register, insure, transfer, mortgage, maintain, manage, pledge, exchange or otherwise dispose of or encumber any and all of my property, real, personal, or mixed, including motor vehicles of any kind, and to execute and deliver good and sufficient deeds or other instruments for the lease, conveyance, mortgage, maintenance, or transfer of the same.
2. **Buy Anything in My Name and For Me:** To buy, receive, lease, accept or otherwise acquire in my name and for my account, property, real, personal or mixed upon such terms, considerations and conditions as my said attorney-in-fact shall deem appropriate.
3. **Sign Contracts in My Name and For Me:** To transact all business of mine on my behalf including entering into contracts and the making of such investments as my attorney shall deem sound.
4. **Seek Legal Advice and Representation:** To institute and prosecute, or to appear and defend, any claims or litigation involving me or my interest. This shall include, but not be limited to, the authority to present a claim against the United States for damage to or loss of personal property.
5. **Income Taxes:**
  - a. **Federal Income Tax returns:** For me and in my name, to prepare, execute, and file, a federal income tax return or an amendment, for the following tax year(s): 2016 and 2017. This shall include the authority to discuss my tax return and any matters relating to it, including but not limited to, income of all types, withholding, and payments made or due, for the years listed in this paragraph.
  - b. **State Income Tax Returns:** For me and in my name, to prepare, execute, and file, a state income tax return or an amendment, for the following tax year(s): 20 and 20 and the following state(s):  and/or . This shall include the authority to discuss my tax return and any matters relating to it, including but not limited to, income of all types, withholding, and payments made or due, for the years listed in this paragraph. This also includes the authority to authorize direct deposit of any refund due to me in to a bank account, if such an option is available.
6. **Banking & Finance:** To demand, act to receive, and receive, all sums of money which are now or will become owing or belonging to me, and to institute accounts on my behalf and to deposit, draw upon or expend such funds of mine as are necessary in furtherance of the powers granted herein. This shall include, but not be limited to, the authority to receive, endorse, cash, or deposit negotiable instruments made payable to me and drawn upon the Treasurer, or other fiscal officer or depository of the United States or any state, possession, or territory of the United States.

The above described powers are merely examples of the authority granted by this document and not in limitation or definition thereof. However, my Agent shall have no rights or powers hereunder with respect to the following:

- a. **Life Insurance:** My Attorney shall have no rights or powers hereunder to cancel or change the beneficiary of any policy of life insurance owned by me.
- b. **Fiduciary Powers:** My Attorney shall have no rights or powers hereunder with respect to any act, power, duty, right or obligation, relating to any person, matter, transaction or property, owned by me or in my custody as a trustee, custodian, personal representative or other fiduciary capacity for someone else.

I HEREBY GIVE AND GRANT UNTO MY ATTORNEY-IN-FACT FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING THE SUBJECT OF THIS DOCUMENT AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT.

I HEREBY AUTHORIZE MY ATTORNEY-IN-FACT TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

This Power of Attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on the 17 day of November, 2018 (not to exceed 2 years).

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent. All acts done by my Attorney-in-Fact hereunder shall have the same effect and inure to the benefit of and bind myself and my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I shall be considered disabled or incapacitated for purposes of this Power of Attorney if a physician, based on that physician's examination, certifies in writing at a date subsequent to the date which this Power of Attorney is executed, that I am disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs. I authorize the physician who so certifies, to disclose my physical or mental condition to another person for purposes of this Power of Attorney. A third party who accepts this Power of Attorney, endorsed by proper physician certification of my disability or incapacity, is held harmless and fully protected from any action taken under this Power of Attorney.

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be in a military status of "missing," "missing in action," or "prisoner of war," or if I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status or sixty (60) days after I have recovered from such disability unless sooner revoked or terminated by me.

I HEREBY RATIFY ALL THAT MY ATTORNEY-IN-FACT SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

ALL BUSINESS TRANSACTED HEREUNDER FOR ME OR FOR MY ACCOUNT SHALL BE TRANSACTED IN MY NAME, AND ALL ENDORSEMENTS AND INSTRUMENTS EXECUTED BY MY ATTORNEY FOR THE PURPOSE OF CARRYING OUT THE FOREGOING POWERS SHALL CONTAIN MY NAME, FOLLOWED BY THAT OF MY ATTORNEY AND THE DESIGNATION "ATTORNEY-IN-FACT."

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney at Fort Hood, TX, on the 17 day of November, 2016.

[Signature]  
GRANTOR  
Printed Name: Woodward, Justin



ACKNOWLEDGEMENT BY A NOTARY PUBLIC

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, Grantor, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

WITNESS my hand and official seal of office.

\_\_\_\_\_  
Notary Public

ACKNOWLEDGEMENT BY A MILITARY NOTARY PURSUANT TO TITLE 10 U. S. C. 1044a

STATE OF Texas )  
COUNTY OF Bell )

On this the 17 day of Nov, 2016, before me, personally appeared the above named Justin Woodward, Grantor, satisfactorily proven to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same. The undersigned does further certify that I am, on the date of this certificate, a person with the power described in Title 10 U.S.C. 1044a of the grade, branch of service, and organization stated below in the active service of the United States Armed Forces, or an authorized civilian attorney under Title 10 U.S.C. 1044a, and that by statute no seal is required on this certificate, under authority granted to me by Title 10 U.S.C. 1044a.

[Signature]  
Notary Public  
Name of Officer: James B. Kykendall  
Position: Paralegal NCO  
Grade and Branch of Service: SSE USA  
Command or Organization: ICD