



Book 2006 Page 4397

Document 2006 4397 Type 06 009 Pages 4
Date 12/18/2006 Time 2:34:00PM
Rec Amt \$22.00

DEBORAH L. PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA



General Power of Attorney

THE IOWA STATE BAR ASSOCIATION

Official Form No. 120

Recorder's Cover Sheet

Preparer Information: (Name, address and phone number)

Mary Lou Tracey, 105 N. Franklin St., P. O. Box 279, Manchester, IA 52057, Phone: (563) 927-4925

Taxpayer Information: (Name and complete address)

Francis L. Gearhart, 301 S. Tama Street, Manchester, Iowa 52057

☒ **Return Document To:** (Name and complete address)

Francis L. Gearhart, 301 S. Tama Street, Manchester, Iowa 52057

Grantors:

Frances L. Gearhart

Grantees:

Lynda L. Hahey and Sue Ann Gearhart or either of them

Legal description: See Page 2

Document or instrument number of previously recorded documents:



GENERAL POWER OF ATTORNEY

1. Designation of Attorney-in-Fact

I, Frances L. Gearhart, of 301 South Tama Street, Manchester, Iowa 52057
appoint Lynda L. Haesy and Sue Ann Gearhart or either of them
of 1965 Ivanhoe Rd., Ely, IA 52227; 2735-14th Ave., SE, Cedar Rapids, IA 52403
my Attorney-in-Fact. 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 _____
of _____, as successor to my Attorney-in-Fact.

I hereby revoke any and all general powers of attorney that may have been previously executed by
me, but specifically excepting any powers of attorney for health care decisions which I may have
previously executed.

2. Powers of Attorney-in-Fact.

My Attorney-in-Fact shall have full power and authority to manage and conduct all of my affairs,
with full power and authority to exercise or perform any act, power, duty, right or obligation I now have
or may hereafter acquire the legal right, power and capacity to exercise or perform. The power and
authority of my Attorney-in-Fact shall include, but not be limited to, the power and authority:

A. To buy, acquire, obtain, take or hold possession of any property or property rights and to retain
such property, whether income producing or non-income producing;

B. To sell, convey, lease, manage, care for, preserve, protect, insure, improve, control, store,
transport, maintain, repair, remodel, rebuild and in every way deal in and with any of my property or
property rights, now or hereafter owned by me, and to establish and maintain reserves for
improvements, upkeep and obsolescence; to eject or remove tenants or other persons and to recover
possession of such property. This includes the right to convey or encumber my homestead legally
described as follows:

Lot Two Hundred Thirty-nine (239) of the City of Manchester, Iowa.

C. To pay my debts; to borrow money, mortgage and grant security interests in property; to complete,
extend, modify or renew any obligations, either secured, unsecured, negotiable or non-negotiable, at a
rate of interest and upon terms satisfactory to my Attorney-in-Fact; to lend money, either with or without
collateral; to extend or secure credit; and to guarantee and insure the performance and payment of
obligations of another person or entity;

D. 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, drafts, money orders, warrants, certificates
or vouchers payable to me by any person or entity, including the United States of America, and
expressly including the right to sell or cash U.S. Treasury Securities and Series E, EE, and H and HH
Bonds;

E. To have full access to any safety deposit boxes and their contents;

F. To pay all city, county, state or federal taxes and to receive appropriate receipts therefore; to
prepare, execute, file and obtain from the government income and other tax returns and other
governmental reports, applications, requests and documents; to take any appropriate action to
minimize, reduce or establish non-liability for taxes; to sue or take appropriate action for refunds of
same; to appear for me before the Internal Revenue Service or any other taxing authority in connection
with any matter involving federal, state or local taxes in which I may be a party, giving my
Attorney-in-Fact full power to do everything necessary to be done and to receive refund checks; to
execute waivers of the statute of limitations and to execute closing agreements on my behalf;

H. To invest, re-invest, sell or exchange any assets owned by me and to pay the assessments and charges therefor; to obtain and maintain life insurance upon my life or upon the life of anyone else; to obtain and maintain any other types of insurance policies; to continue any existing plan of insurance or investment;

J. To carry on my business or businesses; to begin new businesses; to retain, utilize or increase the capital of any business; to incorporate or operate as a general partnership, limited partnership, sole proprietorship, Limited Liability Company or any other legal entities of my businesses;

L. To apply for benefits and participate in programs offered by any governmental body, administrative agency, person or entity;

N. To disclaim any interest in property passing to me from person or entity;

3. Construction.

Any authority granted to my Attorney-in-Fact, however, shall be limited so as to prevent this Power of Attorney (a) from causing my Attorney-in-Fact to be taxed on my income; (b) from causing my estate to be subject to a general power of appointment (as that term is defined by Section 2041, Internal Revenue Code of 1986, as amended) by my Attorney-in-Fact; and (c) from causing my Attorney-in-Fact to have any incidents of ownership (within the meaning of Section 2042 of the Internal Revenue Code of 1986, as amended) with regard to any life insurance policies on the life of my Attorney-in-Fact.

My Attorney-in-Fact shall not be liable for any loss sustained through an error of judgment made in good faith, but shall be liable for willful misconduct or breach of good faith in the performance of any of the provisions of this power of attorney.

5. Compensation of Attorney-in-Fact.

The Attorney-in-Fact understands that this power of attorney is given without any express or implied promise of compensation to said Attorney-in-Fact. Any services performed as my Attorney-in-Fact will be done without compensation, either during my lifetime or upon my death, but the Attorney-in-Fact shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provisions of this power of attorney.

6. Accounting by Attorney-in-Fact.

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.

7. Effective Date and Durability.

N.B. DELETE INAPPROPRIATE PORTIONS OF THE FOLLOWING PARAGRAPH. IF NO DELETIONS ARE MADE, THE PROVISIONS SET FORTH IN PARAGRAPHS B AND C SHALL BE DEEMED TO HAVE BEEN DELETED.

- A. This Power of Attorney shall be effective immediately, shall not be affected by my disability,
B. ~~This Power of Attorney shall become effective upon written certification by my physician that I am disabled;~~
C. ~~This Power of Attorney shall become effective _____, shall not be affected by my disability,~~

and shall continue effective until my death; provided, however, that this Power of Attorney may be revoked by me as to my Attorney-in-Fact at any time by written notice to such Attorney-in-Fact.

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 the Care or other instrument granting access to such information.

Dated December 18th, 2006, at Manchester, Iowa

Frances L. Gearhart
Frances L. Gearhart

STATE OF IOWA, COUNTY OF DELAWARE

This instrument was acknowledged before me on December 18th, 2006
by Frances L. Gearhart

Janice Russ
_____, Notary Public

