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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

POWER OF ATTORNEY

Preparer information: *Peter Swarten, 722 7th Ave SE., Dyersville, IA 52040 920-207-3658*

Taxpayer information: *(name & complete address)*

Return Document to:  *Peter Swarten, 722 7th Ave SE, Dyersville, IA 52040*

Grantors:
Peter Swarten

Grantees:
Katherine Swarten

Legal Description is located on page:

Document or instrument number of previously recorded documents:

IOWA GENERAL DURABLE POWER OF ATTORNEY

This power of attorney shall not be affected by disability of the principal.

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act.

This power of attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a coagent in the Special Instructions. Coagents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I PETER SCHWARTEN name the following
(Name of Principal)

person as my agent:

Name of Agent: KATHERINE SCHWARTEN
Agent's Address: 722 7th AVE SE DYERSVILLE, IA 52040
Agent's Telephone Number: (319) 533-7144

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor: _____

Successor Agent's Address: _____

Successor Agent's Telephone Number: _____

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: _____

Second Successor Agent's Address: _____

Second Successor Agent's Telephone Number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

- (PS) Real Property
- (PS) Tangible Personal Property
- (PS) Stocks and Bonds
- (PS) Commodities and Options
- (PS) Banks and Other Financial Institutions
- (PS) Operation of Entity or Business
- (PS) Insurance and Annuities
- (PS) Estates, Trusts, and Other Beneficial Interests
- (PS) Claims and Litigation
- (PS) Personal and Family Maintenance
- (PS) Benefits from Governmental Programs or Civil or Military Service
- (PS) Retirement Plans
- (PS) Taxes

- (PS) All Preceding Subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

- (PS) Create, amend, revoke, or terminate an inter vivos trust
- (PS) Make a gift, subject to the limitations of the Uniform Power of Attorney Act and any special instructions in this power of attorney
- (PS) Create or change rights of survivorship
- (PS) Create or change a beneficiary designation
- (PS) Authorize another person to exercise the authority granted under this power of attorney
- (PS) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- (PS) Exercise fiduciary powers that the principal has authority to delegate
- (PS) Disclaim or refuse an interest in property, including a power of appointment

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a conservator or guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of Nominee for conservator or guardian of my estate:

KATHERINE SCHWARTEN
Nominee's Address: 722 7th AVE SE DYERSVILLE, IA 52040
Nominee's Telephone Number: (319) 533-7144

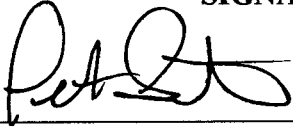
Name of Nominee for guardian of my person:

KATHERINE SCHWARTEN
Nominee's Address: 722 7th AVE SE DYERSVILLE, IA 52040
Nominee's Telephone Number: (319) 533-7144

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT


Your Signature

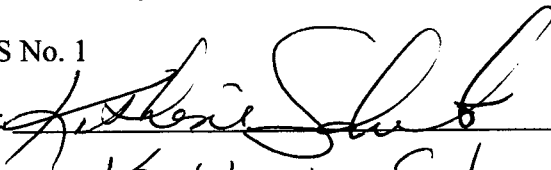
10/26/15
Date

PETER SCHWARTEN
Your Name Printed
722 7th AVE SE DYERSVILLE, IA 52040
Your Address
(920) 207-3658
Your Telephone Number

STATEMENT OF WITNESS

On the date written above, the principal declared to me in my presence that this instrument is his general durable power of attorney and that he or she had willingly signed or directed another to sign for him or her, and that he or she executed it as his or her free and voluntary act for the purposes therein expressed.

WITNESS No. 1

Signature: 

Printed Name: Katherine Schwarten

Address: 722 7th Ave SE
Dyersville, IA 52040

WITNESS No. 2:

Signature: _____

Printed Name: _____

Address: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Iowa

County of Dubuque

Acknowledged before me this 26th day of Oct (month), 2015 (year)
by Robert Schwarten (name of principal). The affiant is (choose one):
_____ personally known to me, or ☒ produced the following identification:
_____.

Janice Willenborg
Signature of Notary
My commission expires: 12-6-15

(Seal, if any)

