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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

POWER OF ATTORNEY - SHORT FORM

THE IOWA STATE BAR ASSOCIATION

Official Form No. 119

Recorder's Cover Sheet

Preparer Information: (name, address and phone number)

Steven E. Carr, 117 S. Franklin Street, PO Box 333, Manchester, IA 52057, Phone: (563) 927-4164

Taxpayer Information: (name and complete address)

Return Document To: (name and complete address)

Steven E. Carr, 117 S. Franklin Street, PO Box 333, Manchester, IA 52057, Phone: (563) 927-4164

Grantors:

Ann M. Sperflage

Grantees:

Paul G. Sperflage

Legal Description: See Page 2

Document or instrument number of previously recorded documents:

② Ew
Paul Sperflage
1992 71st St
Manchester IA 52057

POWER OF ATTORNEY - SHORT FORM

The undersigned, Ann M. Sperfslage, of Delaware County, Iowa, does hereby make, constitute and appoint Paul G. Sperfslage of Delaware 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:

refinance of residence located at 1992 221st Street, Manchester, Iowa (including first mortgage loan number ML970274718 and second mortgage loan number HE-9010791573) and also working with any other loan with the purpose of consolidating into same. I understand consolidating could increase the obligation as a result. The authority of my Attorney-in-fact specifically includes, but is not limited to, signing mortgages related to the subject property in the process of consolidating the real estate loans.

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 _____ of _____, 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: 7/13/2016

Ann M. Sperfslage
Ann M. Sperfslage

STATE OF Texas, COUNTY OF Tarrant

This record was acknowledged before me on July 13, 2016, by Ann M. Sperfslage.

Cassandra Rodriguez
Signature of Notary Public

Caution: Use only for limited powers. For comprehensive powers, use ISBA form #120 - General Power of Attorney.

