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Document 2016 2591 Type 06 009 Pages 7
Date 9/26/2016 Time 10:44:10AM
Rec Amt \$37.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

POWER OF ATTORNEY

Recorder's Cover Sheet

Preparer Information: (name, address and phone number)

Stephen W. Scott, 100 W. 12th Street, P.O. Box 703, Dubuque, IA 52002
563.588.0547

Taxpayer Information: (name and complete address)

N/A

wp Return Document To: (name and complete address)

X Fidelity Bank & Trust, 208 2nd St. SE, P.O. Box 277, Dyersville, IA 52040
563.875.7157

Grantors:

Donald F. Elgin

Grantees:

Mae L. Elgin

Legal Description:

Document or instrument number of previously recorded documents:

POWER OF ATTORNEY

I, Donald F. Elgin, residing at 3380 Rockville Rd., Worthington, Iowa, appoint my wife, Mae L. Elgin as my Attorney-in-Fact. In the event that such Attorney-in-Fact is incapable of accepting this appointment as determined by a licensed medical doctor or declines to accept this appointment, then I also appoint my daughter, Peggy S. Petlon, as my Attorney-in-Fact.

I revoke any and all Powers of Attorney that may have been previously signed by me, except any Power of Attorney concerning health care decisions which I have previously signed.

My Attorney-in-Fact shall have the 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 that I now have or may hereafter acquire the legal right, power or 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 to do any or all of the following:

1. ACQUISITION OF PROPERTY: To buy, receive, lease, obtain, accept, take or hold possession of or otherwise acquire any property or property rights and to retain such property, whether income producing or non-income producing;

2. MANAGEMENT OF AND DEALING IN PROPERTY: To hold, possess, invest, lease, let, care for, preserve, protect, insure, improve, control, store, transport, maintain, repair, remodel, rebuild and in every way deal in and manage any or all of my property or property rights, now or hereafter owned by me; to eject, remove, or relieve tenants or other persons from, and recover possession of, such property by all lawful means; to establish and maintain reserves for repairs, improvements, upkeep and obsolescence;

3. DISPOSITION OF PROPERTY: To sell, convey, mortgage, hypothecate, pledge, quitclaim, or otherwise encumber or dispose of any and all of my property or property rights or any interest in such property;

4. HOMESTEAD: Without limiting the previous powers, to convey or encumber my homestead at 3380 Rockville Rd., Worthington, Iowa. This includes the right to convey or encumber any homestead subsequently acquired.

If the Attorney-in-Fact to which this Power of Attorney relates is my spouse, and under the laws of the state wherein my homestead is situated, my spouse cannot lawfully act as my Attorney-in-Fact to convey or encumber my homestead, then I also appoint Peggy S. Petlon as my Attorney-in-Fact solely for the purpose of releasing any dower or inchoate interest I may have in any property, including my homestead.

5. TRANSACTION OF BUSINESS: To make, do, transact and carry on any 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, a limited partnership, or sole proprietorship any of my businesses and to change the format of the business from one of such forms to another; and, in the transaction of any or all of such business to receive, recover, collect, pay, compromise, settle and adjust any and all accounts, obligations, legacies, bequests, interests, dividends, annuities, demands, debts, and taxes which may now or hereafter be due, owing or payable by me or to me;

6. BORROWING AND LENDING: To borrow money, mortgage, hypothecate, pledge 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;

7. FINANCIAL ACCOUNTS: To open, maintain or close bank accounts, brokerage accounts, savings and checking accounts; to purchase, renew or cash certificates of deposit or other evidences of indebtedness; to conduct any business with any banking or lending institution in regard to any of my accounts or certificates of deposit; to establish accounts in either my name or my Attorney-in-Fact's name or jointly in both names with any financial institution; 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, endorse, collect or cash U.S. Treasury securities and any Series E, EE and H bonds or checks and drafts payable to the undersigned drawn on the Treasurer or other Fiscal Officer or depository of the United States or any state or local government; and to deposit or withdraw in and from any financial institution any of my funds, negotiable paper, money, credits, or other interests which I now or hereafter may have on deposit or to which I may be entitled; and to endorse or cash any writing or instrument payable to me.

8. SAFE DEPOSIT BOXES: To have access for all purposes to any and all safe deposit boxes or vaults rented in my name or in the names of any other persons or persons and myself, with full power to use the same for safekeeping any securities, valuables or other property and to remove from such safe deposit boxes at any time or from time to time all or any part of the contents of any such box or vault;

9. TAXES: To pay all city, county, state or federal taxes and to receive appropriate receipts therefor; 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 nonliability 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; to execute closing agreements on my behalf; and to sign my name to any federal or state tax authorities Power of Attorney form, including IRS Form 2848.

10. STOCKS AND BONDS: To act as my attorney or proxy, with full power of substitution, in respect to any stocks, shares, bonds, debentures, funds or other investments, rights or interests which I may now or hereafter hold; and to so act as proxy, with full power of substitution, at any corporate meeting and to initiate corporate meetings for my benefit as a stockholder with respect to any stocks, stock rights, shares, bonds, debentures, funds or other investments, rights or interests;

11. INSURANCE AND INVESTMENTS: To invest, reinvest, 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;

12. LITIGATION: To institute, prosecute, defend, compromise, arbitrate, settle, dismiss or otherwise dispose of any lawsuits, administrative proceedings or hearings, actions, claims, suits, attachments, injunctions, arrests, distresses, or other proceedings or otherwise engage in litigation in connection with the premises and the powers granted in this document or to otherwise participate in litigation which might affect me;

13. SUBDELEGATION OF AUTHORITY: To subdelegate any of the powers herein granted by appointment of any other person as my attorney, to engage and dismiss agents, attorneys, accountants, realtors, appraisers, salesmen, and other professional and business assistants of all kinds and to appoint and remove at pleasure any substitute for, or agent of my Attorney-in-Fact, in respect to all or any of the matters or things mentioned in this document;

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

15. TRANSFER TO TRUSTS AND DEAL WITH TRUSTEES: To transfer to the trustee of any revocable trust created by me, if such trust is in existence at the time, any and all property of mine (excepting property held by me and any other person as joint tenants with full rights of survivorship), which property shall be held in accordance with the terms and provisions of the Agreement creating such trust; and

To communicate with the Trustee of any trust whether created by me or of which I am a beneficiary; to obtain any financial reports or documents or other records which I would personally be able to obtain; to receive any distribution which I would be entitled to receive; and to exercise any power reserved to or granted to me under the trust just as I would personally be able to exercise myself, if present and under no disability;

16. DISCLAIMER: To disclaim any interest in property passing to me from any person or entity;

17. HEALTH CARE: (a) To make each decision necessary for the proper and adequate care and custody of me with regard to domestic help, hospitalization, nursing services;

(b) to admit me to a nursing home or care facility;

(c) to give an informed consent or informed refusal on my behalf respecting my physical or mental health treatment, including surgery and other medical procedures, and my care and comfort;

(d) if I have an incurable or irreversible health condition which will result either in my death within a relatively short time or in a state of permanent unconsciousness from which, to a reasonable degree of medical probability, there will be no recovery, to:

(i) consent to and arrange for the administration of pain relieving drugs of any type, or surgical or medical procedures calculated to relieve my pain even though their use may lead to permanent physical damage, addiction or even hasten the moment (though unintentionally) of my death; and

(ii) to exercise my right of privacy and make decisions regarding my medical treatment and my right to be left alone even though the exercise of my right might hasten death or be against conventional medical advice, including but not limited to the right to make decisions to withhold or withdraw artificial nutrition and hydration provided parenterally or through intubation, cardio/pulmonary resuscitation and other treatment or procedures which will merely prolong my life and provide no curative benefit. My Attorney-in-Fact is specifically requested to direct my attending physician to write a "No Code" (Do not Resuscitate) Order if I am in such a condition;

(e) to sign my name to a Patient's Authorization for Release of Information concerning my health care, or take such action as is necessary to specifically authorize such release including the release of confidential information relating to substance abuse (drug or alcohol) information, mental health information and STD information, diagnosis and test results, including the right to authorize redisclosure of that confidential information. My authorization to release specially protected information is confirmed by my initials in front of each special classification below:

_____ STD, AIDS, and HIV Information

_____ Mental Health Information

_____ Chemical (alcohol, drug and other substance) addition or abuse Information

(f) in addition to the other powers granted herein, I grant to my attorney-in-fact the power and authority to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and its regulations (HIPAA) during any time that my attorney-in-fact (also referred to in this paragraph as my "HIPAA personal representative") is exercising authority under this document. Pursuant to HIPAA, I specifically authorize my HIPAA personal representative to request, receive and review any information regarding my physical or mental health, including without limitation of all HIPAA – protected health information, medical and hospital records, to execute on my behalf any authorizations, releases or other documents that may be required in order to obtain this information and to consent to the disclosure of this information. I further authorize my HIPAA personal representative to execute on my behalf any documents necessary or desirable to implement the health care decisions that my HIPAA personal representative is authorized to make under this document. I understand I can revoke this authorization by delivering a written statement of revocation to any

entity I have authorized to give, disclose and release information. The revocation is effective only as to those entities to whom the written statement of revocation is given and only after the time of delivery. I can also understand that I have the right to inspect the disclosed information at any time. My treatment, payment, enrollment or eligibility for benefits with an entity that I have authorized to release information is not conditioned upon my signing this authorization. I know that once the information I have authorized to be released is released, it is subject to re – disclosure by the recipient and is no longer protected by the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated pursuant thereto, as amended from time to time.

18. TITLE XIX: To create a medical assistance income trust (revocable or irrevocable) for my benefit, in compliance with 42 U.S.C. Section 1396p(d)(4)(B)(i)-(ii), as amended, or otherwise so as to allow me to qualify for Title XIX assistance if my attorney-in-fact determines this to be in my best interest.

19. GIFTS: To make gifts of any of my property or assets to members of my family; and to make gifts to such other persons or religious, educational, scientific, charitable or other non-profit organizations to whom or to which I have an established pattern of giving

LIABILITY OF 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.

SELF-DEALING PERMITTED. My Attorney-in-Fact shall not be prohibited from exercising the powers granted in this Power of Attorney in favor of my Attorney-in-Fact in any transaction, dealing or undertaking entered into by my Attorney-in-Fact in his/her capacity as my Attorney-in-Fact with my Attorney-in-Fact in her individual capacity.

CONSTRUCTION.

A. All references to property or property rights in this document shall include all real, personal, tangible, intangible, or mixed property.

B. Words and phrases set forth in this Power of Attorney shall be construed as in the singular or plural number, and as masculine, feminine, or neuter gender according to the context.

C. This Power of Attorney is to be construed and interpreted as a General Power of Attorney. It shall be interpreted broadly rather than narrowly and the enumeration of specific items, rights, acts, or powers shall not limit or restrict the general and all inclusive powers that I have granted to my Attorney-in-Fact.

D. 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 of the IRC) by my Attorney-in-Fact; and (c) from causing my Attorney-in-Fact to have

any incidence of ownership (within the meaning of Section 2042 of the IRC) with regard to any life insurance policies on the life of my Attorney-in-Fact.

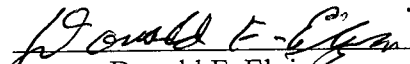
COMPENSATION OF ATTORNEY-IN-FACT. The Attorney-in-Fact understands that this Power of Attorney is given without any express or implied promise of compensation to my Attorney-in-Fact. Any services performed as my Attorney-in-Fact will be done without compensation, either during my lifetime or upon my death, but my Attorney-in-Fact shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

BINDING EFFECT. The Power given in this Power of Attorney shall be binding upon myself, my heirs, personal representatives, successors and assigns unless revoked.

REVOCATION. This Power of Attorney may be revoked by me at any time by written Notice to such Attorney-in-Fact or by the filing of a written Notice of Revocation with the office of the Dubuque County Recorder, Dubuque, Iowa, or by giving notice orally or in writing as otherwise provided by law.

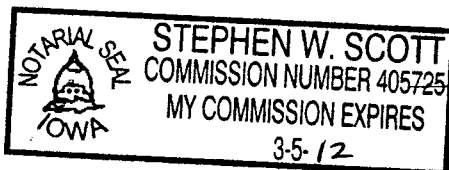
DURABLE POWER: This Power of Attorney shall be effective immediately, shall not be affected by my disability, and shall continue effective until my death, provided, however, that this Power may be revoked by me as specified above.

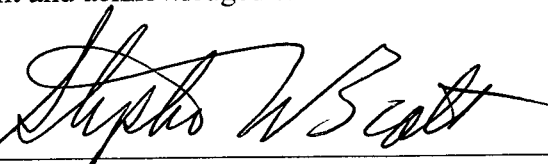
Dated June 22, 2011.


Donald F. Elgin

STATE OF IOWA)
) ss.
DUBUQUE COUNTY)

On this 22nd day of June, 2011, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Donald F. Elgin to me known to be the identical person named in and who executed the foregoing instrument and acknowledged that he executed the same as his voluntary act and deed.




Notary Public in and for the State of Iowa
Stephen W. Scott