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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

**SPECIAL POWER OF ATTORNEY
Recorder's Cover Sheet**

Prepared by/Return to: *JAC* Jennifer A. Clemens-Conlon, 2080 Southpark Court, Dubuque, IA
52003, Phone: (563) 582-2926

Grantors: Bryan Sills
Grantees: Tangee Sills

Legal Description: Parcel 2015-13 Part Of Lot 1 Of Klaus Subdivision Of The NW 1/4 Of The
SE 1/4 And The N 1/2 Of The SW 1/4, Section 6, T90N. R3W Of The 5th P.M., Delaware
County, Iowa, according to plat recorded in Book 2015, Page 465

SPECIAL POWER OF ATTORNEY (REAL ESTATE – SELL/PURCHASE/RENT)

PREAMBLE: This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. 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, BRYAN Sills, of COLORADO,
(Your Name/Principal) (State of Residence)
do hereby appoint TANGEE Sills, of COLORADO SPRINGS, CO,
(Your Agent's Name) (Your Agent's City and State of Residence)
my true and lawful Agent to do the below initialed activities in my name and in my behalf:

BS To do all acts necessary under the law, and sign all documents required in order to buy, bargain, acquire, sell, assign, convey, warranty, receive monies and payments, lease, mortgage, encumber, re-finance, improve, repair, maintain, pay taxes on, or otherwise manage or dispose of any legal or equitable interest upon such terms and conditions as may be reasonable under the circumstances, in the following described real estate, and any improvements thereon:

11954 Gull LN, Peyton, CO 80831 2854 HIGHWAY 3, Colesburg, IA, 52035
(DESCRIPTION OR ADDRESS OF REAL ESTATE)

BS Furthermore, I explicitly authorize my Agent to utilize any entitlement that may be forthcoming from the Veterans Administration based upon my status as a member of the Armed Forces.

I give and grant individually unto said Agent full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in the paragraph above, as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid Agent lawfully done pursuant to the authority herein above conferred.

I HEREBY AUTHORIZE MY AGENT 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. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on 01/01/2018.
(Day/Month/Year)

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. If at any time before that stated expiration date contained herein, I have been determined by competent military authorities to be "missing," "missing in action," or "a prisoner of war," this Power of Attorney shall be automatically extended and shall remain in effect until 30 days after I have returned to United States military control. All acts done by my Agent 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 that specified expiration date 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 recovered from such disability **UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.**

I HEREBY RATIFY ALL THAT MY AGENT 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 in the presence of the Notary Public witnessing it at my request this date, 6/9/2017

(Day/Month/Year)

Bryan T. Sills
(Signature)

WITH THE ARMED FORCES OF THE UNITED STATES
AT FORT CARSON, COLORADO

Subscribed, sworn to, and acknowledged before me by, Bryan T. Sills, who is known to me to be eligible for Legal Assistance under the provisions of 10 USC section 1044A or regulations of the department of Defense, on 6 Sep 17 (Date). This acknowledgment is executed in my official capacity under the authority granted by Title 10 United States Code Section 1044a, which states that no seal is required on this acknowledgment.

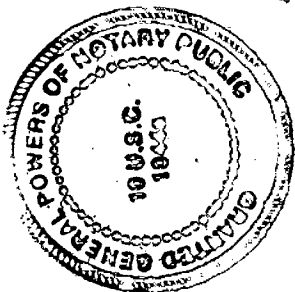
My commission expires: 8 Nov 18

[Signature]
(Signature)

Olivia M. Clayton
(Print Name)

SFC, USA
Judge Advocate/Paralegal

NOTARY PUBLIC
Legal Assistance
Fort Carson, CO 80913



SAMPLE SIGNATURE OF AGENT

Note: When using this document, the Agent or Attorney-in-fact should sign as Follows: "(Principal's Name) by (Agent or Attorney-in-fact's Name) as attorney-in-fact for (Principal's Name) under Power of Attorney dated (date)."