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Book 2018 Page 3070

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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA



AFFIDAVIT REGARDING NONREVOCATION OF POWER OF ATTORNEY

THE IOWA STATE BAR ASSOCIATION
Official Form No. 355

Recorder's Cover Sheet

Preparer Information: (Name, address and phone number)

Dan McClean, 401 First Avenue East, Dyersville, IA 52040, (563) 875-6002

Taxpayer Information: (Name and complete address)

Janet M. Menke 20279 Route 156 New Vienna, IA 52065

Return Document To: (Name and complete address)

Jane M. Menke 20279 Route 156 New Vienna, IA 52065

Grantors:

Erwin R. Klostermann and Viola M.
Klostermann

Grantees:

Larry F. Klosterman & Jane M. Menke

Legal description:

Document or instrument number of previously recorded documents: Book2018Page2983Book2018Page2984



AFFIDAVIT REGARDING NONREVOCATION OF POWER OF ATTORNEY

STATE OF IOWA, COUNTY OF DELAWARE ss:

I, Larry F. Klosterman & Jane M. Menke, Attorney-In-Fact under the instrument designated Power Of Attorney dated April 28, 2011, executed by Erwin R. Klostermann and Viola M. Klostermann, Principal/Grantor thereof, first being duly sworn upon my oath state that I did not have actual knowledge of the revocation or termination of the said Power Of Attorney (filed in the office of the Recorder of Delaware County, Iowa, on October 18, 2018, assigned Document Reference Number Book2018Page 2983Book2018Page2984, by that office) by death, disability, incompetence, or act(s) of the Principal/Grantor at the time I undertook to act under said Power Of Attorney on behalf of said Principal/Grantor which act(s) or representation(s) was/were:

To Transfer the ownership of Real Estate

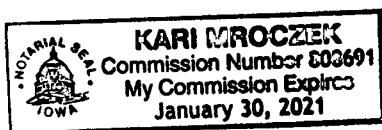
This affidavit is executed in the absence of fraud and therefore is conclusive proof of the non-revocation of the powers vested in me under said Power Of Attorney, at the time that I acted, under Iowa Code Chapter 633B.

Dated and signed by said Affiant on October 26, 2018.

Jane M. Menke
Jane M. Menke, Affiant

Larry F. Klosterman
Larry F. Klosterman & Jane M. Menke, Affiant

Signed and sworn to (or affirmed) before me on October 26, 2018, by the above named affiant.



Kari Mroczek
Signature of Notary Public

Regional Family Health

563-927-7777

A service of Regional Medical Center
www.ragmedhc.org

10/24/18

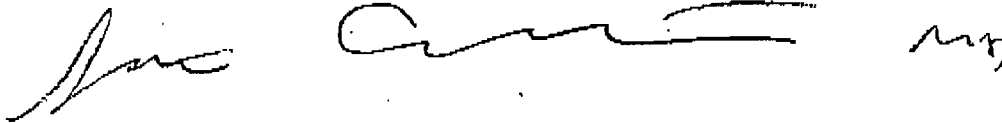
To whom it may concern:

I am writing on behalf of VIOLA KLOSTERMANN who is under my medical care.

Due to her medical condition, Viola is unable to make any medical or financial decisions for herself. Her power of attorney is in charge of any financial and medical decisions that need to be made.

Please contact me if there are any questions/concerns.

Sincerely,



Scot R. Christiansen, M.D.

Edgewood
782 W. Union St.
P 563-828-7131
F 563-828-7131

Hopkinton
122 1st St. SW
P 563-828-2222
F 563-828-2184

Manchester
708 W. Main St.
PO Box 359
P 563-827-7777
F 563-827-7660

Strawberry Point
171 E. Mission St.
P 563-833-6277
F 563-833-6131

Winthrop
345 1st St. S.
P 312-435-3343
F 312-435-3331

Regional Family Health

563-927-7777

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08/17/18

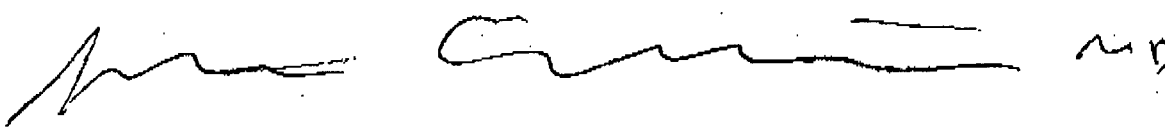
To whom it may concern:

I am writing on behalf of ERWIN KLOSTERMANN who is under my medical care.

In my best medical opinion Erwin is unable to make any financial or medical decisions for himself due to his medical condition. His power of attorney is in charge of all his financial and medical decisions.

Please contact me if there are any questions/concerns.

Sincerely,



Scot R. Christiansen, M.D.

Edgewood
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P 563-828-7191
F 563-828-7000

Hopkinton
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P 563-826-2622
F 563-826-2184

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792 W. Main St.
PO Box 359
P 563-927-7777
F 563-927-7889

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111 E. Mission St.
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F 563-833-8131

Winthrop
345 1st St. S.
P 319-835-3343
F 319-835-3331