Recorded: 4/23/2024 at 12:39:16.0 PM

County Recording Fee: \$22.00 lowa E-Filing Fee: \$3.00 Combined Fee: \$25.00 Revenue Tax: \$0.00 Delaware County, Iowa Daneen Schindler RECORDER

BK: 2024 PG: 895

IOWA GENERAL DURABLE POWER OF ATTORNEY

Recorder's Cover Sheet

Preparer Information:

Todd J. Locher 202 2nd Avenue NW P. O. Box 7 Farley, IA 52046 Ph: 563-744-3359

Taxpayer Information:

Rita A. Lansing, c/o Shirley Singsank, 542 Country Club Ct, Dyersville, IA 52040

Return Document To:

Locher & Davis PLC PO Box 7 Farley, IA 52046

Grantor:

Grantee:

Rita A. Lansing

Julie Leibold Shirley Singsank

IOWA GENERAL DURABLE POWER OF ATTORNEY

1. POWER OF ATTORNEY

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 but not limited to 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 lowa Uniform Power of Attorney Act, lowa Code chapter 633B.

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 die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is not entitled to compensation unless you state otherwise in the optional 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 upon signature and acknowledgment unless you state otherwise in the optional Special Instructions. This lowa General Durable Power of Attorney revokes any and all previous Power of Attorney documents relating to my financial affairs.

If you have questions about this 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, Rita A. Lansing, name the following person as my Agent:

Name of Agent: John W. Lansing

Agent's Address: 983 7th Ave NW, Dyersville, IA 52040

Agent's Telephone Number: (563) 875-8979

DESIGNATION OF SUCCESSOR AGENTS

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

Name of Co-Agent: Julie Leibold

Address: 425 E 3rd St, Earlville, IA 52041

Phone Number: (563) 920-7650

Name of Co-Agent: Shirley Singsank

Address: 542 Country Club Ct, Dyersville, IA 52040

Phone Number: (563) 875-7272

My Co-Agents shall have authority to act independently without the consent of the other.

If a Co-Agent ceases to serve and there is at least one Co-Agent still appointed and

acting hereunder, such vacancy shall not be filled and the remaining Co-Agent shall continue to serve.

GRANT OF GENERAL AUTHORITY

I grant my Agent(s) and any successor Agent(s) general and plenary authority to act for me with respect to all of the subjects set forth in Iowa Code §633B.204 - §633B.216, including real property, tangible personal property, stock and bonds, commodities and options, banks and other financial institutions, operation of entity or business, insurance and annuities, estate, trusts, and other beneficial interests, claims and litigation, personal and family maintenance, benefits from government programs or civil or military service, retirement plans, and taxes, with said code sections incorporated herein by reference.

GRANT OF SPECIFIC AUTHORITY

I grant my Agent and any successor Agent(s) authority to do the following acts:

Make a gift or transfer to my spouse without limitation.

You may give special instructions on the following lines:

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant shall 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 optional Special Instructions.

SPECIAL INSTRUCTIONS

NONE	
EFFECTIVE DATE	
This power of attorney is effective immediately upon signature and acknowledgmen unless I have stated otherwise in the optional Special Instructions.	nt
NOMINATION OF CONSERVATOR AND GUARDIAN	
If it becomes necessary for a court to appoint a conservator of my estate or guardian of my person, I nominate the following person(s) for appointment:	of
N/A appointment of conservator	
N/A appointment of quardianship	

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		
Rita d'ansina	November 25, 2020	
Your Signature	Date	
Rita A. Lansing		
Your Name Printed		
983 7 th Ave NW, Dyersville, IA 52040		
Your Address		
(563) 875-8979		
Your Telephone Number		
STATE OF IOWA, COUNTY OF DUBUQUE This record was acknowledged before m Lansing.	e this 25 th day of November, 2020, by Rita A.	
JANET M. SCHERBRING COMMISSION # 184062 MY COMMISSION EXPIRES	Grant M. Seperbring Signature of Notary Public	

This document prepared by Todd J. Locher, 202 2nd Avenue NW, Box 7, Farley, IA 52046, Phone: (563) 744-3359