

Recorded: 2/9/2026 at 9:26:31.0 AM  
County Recording Fee: \$27.00  
Iowa E-Filing Fee: \$3.00  
Combined Fee: \$30.00  
Revenue Tax: \$0.00  
Delaware County, Iowa  
Daneen Schindler RECORDER  
BK: 2026 PG: 304

**DURABLE GENERAL POWER OF ATTORNEY**

Recorder's cover sheet

**Preparer Information:**

Mark J. Seidl, 229 Northland Court N.E., Cedar Rapids, IA 52402  
(319) 377-9770

**Taxpayer Information:**

Charlotte Rosella Hass, 309 Culver Road NE, Hopkinton, IA 52237  
563-926-2815

**Return Document To:**

Mark J. Seidl, 229 Northland Court N.E., Cedar Rapids, IA 52402  
(319) 377-9770

**Grantors: Charlotte Rosella Hass**

**Grantees: Jillian Brown  
Amanda Smith  
Scott Smith**

**Legal Description:**

**Document or Instrument Number of Previously Recorded Documents:**

## **DURABLE GENERAL POWER OF ATTORNEY**

### **1. Designation of Agent**

I, **Charlotte Rosella Hass**, 309 Culver Road N.E., Hopkinton, IA 52237, appoint Jillian Brown, 1986 240th St., Manchester, IA 52057, as my Agent. In the event my Agent is unable to serve for any reason, I name Amanda Smith, 1615 Baltimore St., Waterloo, IA 50702, as successor to my Agent. In the event Amanda Smith is unable to serve for any reason, I name Scott Smith, 305 Culver St. N.E., Hopkinton, IA 52237 as successor agent.

I hereby revoke any and all general powers of attorney that may have been previously executed by me, but specifically excepting any powers of attorney for health care decisions which I may have previously executed.

### **2. Powers of Agent**

My Agent shall have full 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 I now have or may hereafter acquire the legal right, power and capacity to exercise or perform. The power and authority of my Agent shall include, but not be limited to, the power and authority:

- A. To buy, acquire, obtain, take, or hold possession of any property or property rights and to retain such property, whether income producing or non-income producing;
- B. To sell, convey, lease, manage, care for, preserve, protect, insure, improve, control, store, transport, maintain, repair, remodel, rebuild and in every way deal in and with any of my property or property rights, now or hereafter owned by me, and to establish and maintain reserves for improvements, upkeep and obsolescence; to eject or remove tenants or other persons and to recover possession of such property. This includes the right to convey or encumber my homestead;
- C. To pay my debts; to borrow money, mortgage 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 Agent; 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;
- D. To open, maintain or close accounts, brokerage accounts, savings and checking accounts; to purchase, renew or cash certificates of deposit; to conduct any business with any banking or lending institution in regard to any of my accounts or certificates of deposit; 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 or cash U.S. Treasury Securities and Series E, EE, H, HH, and I Bonds;
- E. To have full access to any safety deposit boxes and their contents;
- F. To pay all city, county, state or federal taxes and to receive appropriate receipts therefore; 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 non-liability for taxes; to sue or take appropriate action for refunds of same; to appear for me before the Internal Revenue



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.

Any authority granted to my Agent, however, shall be limited so as to prevent this Power of Attorney (a) from causing my Agent 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, Internal Revenue Code of 1986, as amended) by my Agent; and (c) from causing my Agent to have any incidents of ownership (within the meaning of Section 2042 of the Internal Revenue code of 1986, as amended) with regard to any life insurance policies on my life.

#### **4. Liability of Agent**

My Agent 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 in the performance of any of the provisions of this power of attorney.

#### **5. Compensation of Agent**

The Agent understands that this power of attorney is given without any express or implied promise of compensation to said Agent. Any services performed as my Agent will be done without compensation, either during my lifetime or upon my death, but the Agent shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provisions of this Power of Attorney.

#### **6. Accounting by Agent**

My Agent shall maintain complete and accurate records of all acts performed pursuant to this power of attorney, including, without limitation, all receipts and disbursements. Upon my request or the request of any conservator appointed on my behalf or the personal representative of my estate, my Agent shall allow inspection of these records and shall provide a complete accounting.

#### **7. Effective Date and Durability**

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 of Attorney may be revoked by me as to my Agent at any time by written notice to such Agent.

#### **8. Additional Provisions**

HIPPA and Protected Health Information. If any person's authority under this instrument is dependent upon any determination that I am unable properly to manage my affairs, then any physician attending me or otherwise requested by my Agent to determine my incapacity, and any other person or entity in possession of any of my "protected health information," as contemplated by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), is hereby authorized and directed to disclose my protected health information to my Agent to the extent necessary, and only to the extent necessary, for my Agent to determine whether an event of

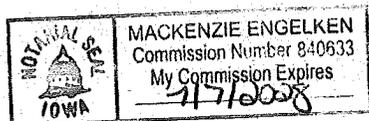
incapacity has occurred hereunder. Any limitation on protected health information to be disclosed hereunder shall have no effect upon any rights to such information any Agent may have under any Durable Power of Attorney for Health Care or other instrument granting access to such information.

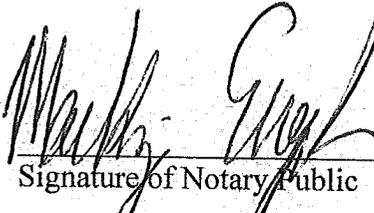
Dated December 18, 2025 at Manchester, Iowa.

  
**Charlotte Rosella Hass**  
309 Culver Road N.E., Hopkinton, IA 52237

STATE OF IOWA, COUNTY OF DELAWARE

This instrument was acknowledged before me on this 18 day of December, 2025 by Charlotte Rosella Hass.



  
Signature of Notary Public, Notary Public

This document prepared by Mark J. Seidl, 229 Northland Court N.E. Cedar Rapids, IA 52402