



Document 2019 3963

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Date 12/13/2019 Time 11:37:31AM

Rec Amt \$17.00

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

**POWER OF ATTORNEY - SHORT FORM**

Recorder's Cover Sheet

LIN68784

**Preparer Information:** (name, address and phone number)

Zorica Ilic Burch, 4201 Westown Parkway, Suite 250, West Des Moines, IA 50266,

Phone: (515) 283-1801 (LIN68784)

WJ ✓

**Return Document To:** (name and complete address)

Zorica Ilic Burch, 4201 Westown Parkway, Suite 250, West Des Moines, IA 50266

2/3

**Grantors:**

Douglas Watt

**Grantees:**

Cheryl Watt

**Legal Description:** See Page 2

**Document or instrument number of previously recorded documents:**

**POWER OF ATTORNEY - SHORT FORM**

The undersigned, **Douglas Watt**, of 27576 Paseo Castile, San Juan Capistrano, California 92675, does hereby make, constitute and appoint, **Cheryl Watt**, of 27576 Paseo Castile, San Juan Capistrano, California 92675, the undersigned's true and lawful Attorney-in-fact, with full right, power and authority to act for the undersigned and in the undersigned's name, place and stead with respect to the following:

To sign, execute, and in any other manner complete the Note, Mortgage, settlement statements, federally mandated disclosures, name or identity affidavits, occupancy affidavits, required affirmations and disclosures and any and all documents required by Lincoln Savings Bank., its successors and/or assigns, and Wasker, Dorr, Wimmer & Marcouiller, P.C., to facilitate the mortgage loan and purchase closing for property legally known as:

**Lots Eleven (11) and Twelve (12) of Kippy Ridge Estates, a Subdivision located in the North half (1/2) of the Southeast Quarter (1/4) of Section Two (2), Township Seventy-five (75) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, EXCEPT Parcel "D", a part of said Lot Twelve (12), containing 2.958 acres, as shown in Plat of Survey filed in Book 2010, Page 1315 on June 10, 2010, in the Office of the Recorder of Madison County, Iowa.**

And locally known as 2078 226th Court, Winterset, Iowa 50273



Parcel Number: 560110280110100

Giving and Granting unto said Attorney-in-Fact the full power and authority to do and perform each and every act, deed, matter and thing whatsoever required and necessary to be done in and about the foregoing, as fully as the undersigned might or could do if personally present and acting.

The undersigned further directs that this Power of Attorney shall take effect immediately and all rights, powers and authority contained herein shall not continue beyond six (6) months from the date hereof. This Power of Attorney shall not be affected by my disability.

The undersigned do hereby authorize said Attorney-in-Fact to relinquish all rights of dower, homestead and distributive share in and to any real estate described herein in which the undersigned has an interest.

Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context.

Dated: 12/2/19

\_\_\_\_\_  
Douglas Watt

STATE OF \_\_\_\_\_ )  
  ) ss:  
COUNTY OF \_\_\_\_\_ )

This record was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 2019, by **Douglas Watt.**

SEE ATTACHED  
\_\_\_\_\_  
Notary Public in and for said State

**CALIFORNIA ACKNOWLEDGMENT**

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of ORANGE

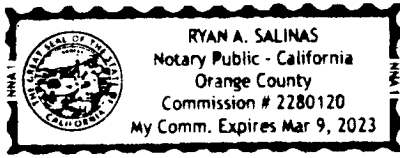
On 12/2/19 before me, RYAN SALINAS  
Date Here Insert Name and Title of the Officer

personally appeared DOUGLAS MICHAEL WATT  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal and/or Stamp Above

Signature Ryan Salinas  
Signature of Notary Public

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: _____	Signer's Name: _____
<input type="checkbox"/> Corporate Officer – Title(s): _____	<input type="checkbox"/> Corporate Officer – Title(s): _____
<input type="checkbox"/> Partner – <input type="checkbox"/> Limited <input type="checkbox"/> General	<input type="checkbox"/> Partner – <input type="checkbox"/> Limited <input type="checkbox"/> General
<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact
<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator	<input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Signer is Representing: _____	Signer is Representing: _____