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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

GENERAL POWER OF ATTORNEY
THE IOWA STATE BAR ASSOCIATION
Official Form No. 120
Recorder's Cover Sheet

Preparer Information: (name, address and phone number)
James L. Sloan, Jr., 1874 Nature Ct., Winterset, Iowa 50273
Phone: (515) 705-9218

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Taxpayer Information: (name and complete address)
James L. Sloan, Jr., 1874 Nature Ct., Winterset, IA 50273

☒ **Return Document To:** (name and complete address)
Connie Siefkas, 809 N. John Wayne Drive, Winterset, Iowa 50273

Grantors:
James L. Sloan, Jr.

Grantees:
Melinda S. Sloan

Legal Description: N/A

Document or instrument number of previously recorded documents: N/A

GENERAL POWER OF ATTORNEY

COPY

KNOW ALL PERSONS BY THESE PRESENTS:

That I, **JAMES L. SLOAN, JR.**, having an address at 1874 Nature Ct, Winterset, IA 50273, hereby make, constitute and appoint my wife, **MELINDA S. SLOAN**, also having an address at 1874 Nature Ct, Winterset, IA 50273, as my attorney-in-fact TO ACT in my name, place and stead in any way which I could do, if I were personally present, to the extent that I am permitted by law to act through an agent:

1. To lease, sell, use, establish title to, register, insure, transfer, mortgage, maintain, pledge, exchange or otherwise dispose of or encumber any and all of my property, real, personal, or mixed, including motor vehicles of any kind, and to execute and deliver good and sufficient deeds or other instruments for the lease, conveyance, mortgage, maintenance, or transfer of the same.
2. To buy, receive, lease, accept or otherwise acquire in my name and for my account, property, real, personal or mixed upon such terms, considerations and conditions as my said attorney-in-fact shall deem appropriate.
3. To transact all business of mine on my behalf including entering into contracts and the making of such investments as my attorney shall deem sound.
4. To institute and prosecute, or to appear and defend, any claims or litigation involving my interest or me. This shall include, but not be limited to, the authority to present a claim against the United States for damage to or loss of personal property.
5. To prepare, execute, and file all tax returns and to receive and negotiate all tax refund checks.
6. To demand, act to receive, all sums of money which are now or will become owing or belonging to me, and to institute accounts on my behalf and to deposit, draw upon or expend such funds of mine as are necessary in furtherance of the powers granted herein. This shall include, but not be limited to, the authority to receive, endorse, cash, or deposit negotiable instruments made payable to me and drawn upon the Treasurer, or other fiscal officer or depository of the United States or any state possession, or territory of the United States.

The above described powers are merely examples of the authority granted by this document and not in limitation or definition thereof. However, my agent shall have no rights or powers with respect to the following:

- a. Life Insurance: My Attorney shall have no rights or powers hereunder to cancel or change the beneficiary of any policy of life insurance owned by me.
- b. Fiduciary Powers: My Attorney shall have no rights or powers hereunder with respect to any act, power, duty, right or obligation, relating to any person, matter, transaction or property, owned by me or in my custody as a trustee, custodian, personal representative or other fiduciary capacity for someone else.

I HEREBY GIVE AND GRANT UNTO MY ATTORNEY FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING MY ESTATE, PROPERTY, AND AFFAIRS AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this power of attorney may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless and such third party from and against any and all claims that may arise against such third party by reason of such third party having relied upon the provisions of 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 August 9, 2017.

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. All acts done by my Attorney 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 ATTORNEY 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, **August 9, 2016.**

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SIGNATURE OF PRINCIPAL

STATE OF IOWA
CITY OF WINTERSET, to-wit:

I, the undersigned, a Notary Public in and for the City and State aforesaid, do certify that James L Sloan, Jr. whose name is signed to the foregoing General Power of Attorney, bearing date of this 9th day of August 2016, has acknowledged the same before me in my City and State aforesaid.

Given under my hand this 9th day of August 2016.



SIGN: Jennifer M. Russell

PRINT: Jennifer M. Russell

MY COMISSION EXPIRES: March 17, 2018