

**UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF IOWA**

P.O. Box 9264  
Des Moines, Iowa 50306-9264  
www.iasb.uscourts.gov

In the Matter of:

Case No.

**LIMITED POWER OF ATTORNEY**

To: (name address of agent/attorney-in-fact)

The undersigned claimant hereby authorized you to act as attorney-in-fact for the undersigned only to collect uncollected, undistributed, or unclaimed funds held by the court and owing to \_\_\_\_\_ (name of claimant) in the amount of \$\_\_\_\_\_.

Dated:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_

Acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who says that he/she is the person name above and is authorized to execute this power of attorney.

Signature \_\_\_\_\_

Notary Public