

**UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF IOWA**
110 E. Court Avenue, Ste 300
Des Moines, Iowa 50309
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 authorizes 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