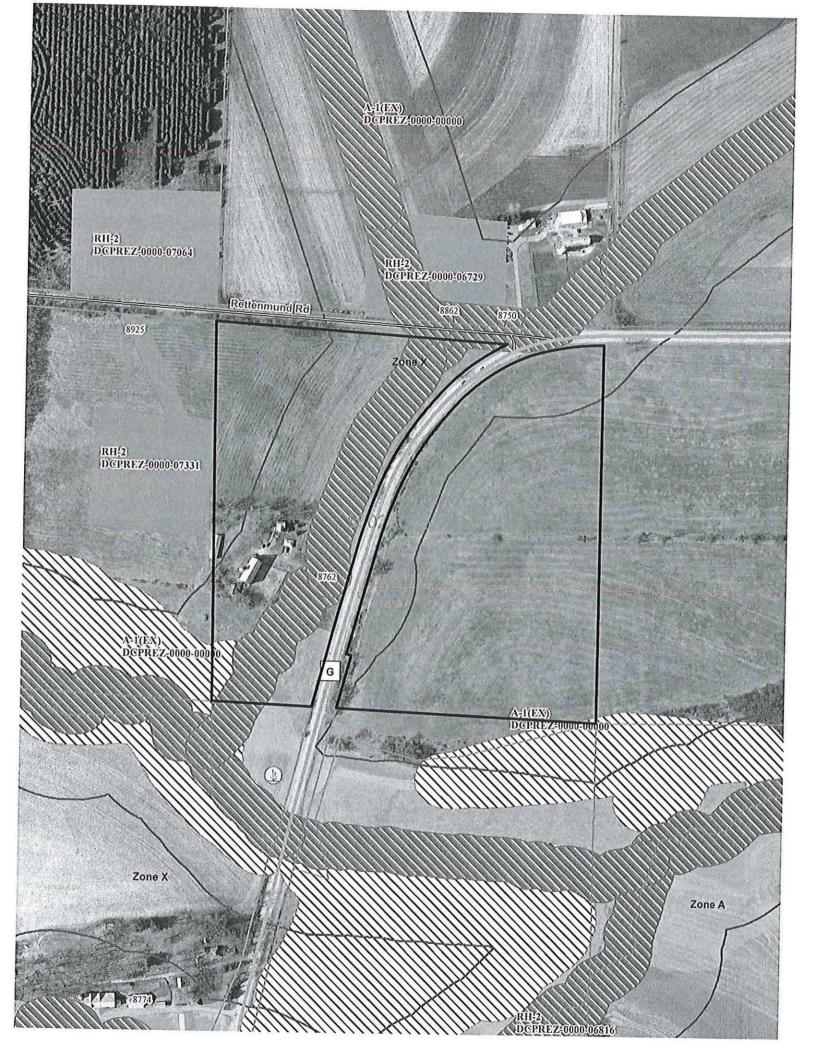
Dane County Rezone & Conditional Use Permit

Application Date	Petition Number	
06/30/2016	DCPREZ-2016-11028	
Public Hearing Date	C.U.P. Number	
09/27/2016		

OWNER	RINFORMATIC	N		A	GENT INFORMAT	ION
OWNER NAME LOSENEGGER FAMILY W & WINIFRED A	TR, DONALD	PHONE (wi Code) (608) 42		AGENT NAME MICHAEL LOSENE	EGGER	PHONE (with Area Code) (608) 437-5002
BILLING ADDRESS (Number & Street) 509 REID DR				ADDRESS (Number & Street) 509 REID DRIVE		
(City, State, Zip) MOUNT HOREB, WI 535	572			(City, State, Zip) Mt Hored, WI 53572		
E-MAIL ADDRESS rmctm@charter.net			61	E-MAIL ADDRESS rmctm@charter.ne		
ADDRESS/LOCA	TION 1	Al	DDRESS/I	LOCATION 2	ADDRES	S/LOCATION 3
ADDRESS OR LOCATION OF	F REZONE/CUP	ADDRESS	OR LOCAT	TION OF REZONE/CUP	ADDRESS OR LOC	ATION OF REZONE/CUP
8762 County Highway G						
TOWNSHIP PRIMROSE	SECTION 4	OWNSHIP		SECTION	TOWNSHIP	SECTION
PARCEL NUMBERS IN	IVOLVED	PAI	RCEL NUMB	ERS INVOLVED	PARCEL NU	MBERS INVOLVED
0507-043-800	0-9					
REASON	FOR REZONE				CUP DESCRIPTION	ON
FROM DISTRICT:	TO DISTR		ACRES	DANE COUNTY O	ODE OF ORDINANCE	SECTION ACRES
A-1Ex Exclusive Ag District	RH-1 Rural Ho District	mes	4.2			
A-1Ex Exclusive Ag District	A-4 Agriculture	District	29.8			
RH-2 Rural Homes District	A-4 Agriculture	District	4.246			
C.S.M REQUIRED? PL	AT REQUIRED?		ESTRICTION UIRED?	INSPECTOR'S INITIALS	SIGNATURE:(Ow	ner or Agent)
	Yes ☑ No	Yes Applicant In		RLB	PRINT NAME:	
Applicant illinois A	Arr Illians A	Pappineant III	A		- KINT WAITE:	
					X	
					DATE:	
					X	

Form Version 03.00.03





PLANNING

DEVELOPMENT

Zoning Change Application

Zoning Division Room 116, City-County Building 210 Martin Luther King Jr. Blvd. Madison, Wisconsin 53703-3342 Phone: (608) 266-4266 Fax: (608) 267-1540

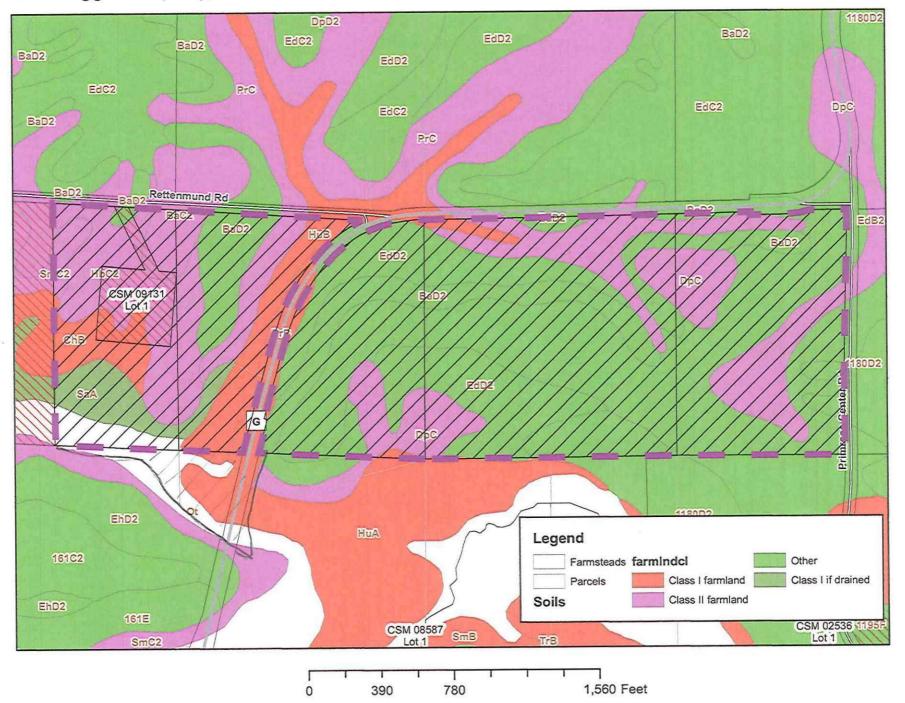
Items that must be submitted with your application:

- Written Legal Description of the proposed Zoning Boundaries
 Legal description of the land that is proposed to be changed. The description may be a lot in a plat,
 Certified Survey Map, or an exact metes and bounds description. A separate legal description is required for <u>each</u> zoning district proposed. The description shall include the area in acres or square feet.
- Scaled Drawing of the location of the proposed Zoning Boundaries
 The drawing shall include the existing and proposed zoning boundaries of the property. All existing buildings shall be shown on the drawing. The drawing shall include the area in acres or square feet.

Owner's	Name Donald &	Winifred Losenegger	Agent's N	^{lame} Michael Losenegger	
Address Phone	dress <u>c/o Michael Losenegger</u> 509 Reid Drive		Address	509 Reid Drive Mount Horeb, WI 53572	
	608/437-5902)	Phone	608-437-5902	
Email	rmctm@char	er.net	Email	rmctm@charter.net	
Town: Pr	rimrose	Parcel numbers affected:	385255, 38	35013, 390007, 395002	
Section:	04	Property address or location	n: 8762 Co	unty Highway G, Mt. Horeb, WI 53572	
Zoning D	istrict change: (To	o / From / # of acres <u>) Lots 1 & 2</u> from A-1E	from A-1E X to A-4	EX to RH-1, Lot 3 (remainder farmland)	
Soil class	sifications of area	(percentages) Class I soils:	<u>30</u> %	Class II soils: 40 % Other:30 %	
⊗ Sepa ⊗ Crea	aration of buildings tion of a residenti pliance for existin		n, time sche	RECEIVED	
		-8		JUN 3 0 2016	
				DANE COUNTY PLANNING & DEVELOPME	
I authorize Submitte		have permission to act on behalf of the ov	vner of the prop	erty. Date: 4-27-/4	



Losenegger Property, Town of Primrose



Parcel Number - 048/0507-043-8000-9

Current

≺ Parcel Parents

Summary Report

Parcel Summary	More	+
Municipality Name	TOWN OF PRIMROSE	
Parcel Description	SEC 4-5-7 NE1/4 SW1/4	
Owner Name	LOSENEGGER FAMILY TR, DONALD W & WINIFRED A	L
Primary Address	8762 COUNTY HIGHWAY G	
Billing Address	% MICHAEL LOSENEGGER 509 REID DR MOUNT HOREB WI 53572	

Assessment Summary	More +
Assessment Year	2016
Valuation Classification	G4 G7
Assessment Acres	40.900
Land Value	\$41,700.00
Improved Value	\$96,800.00
Total Value	\$138,500.00

Show Valuation Breakout

Open Book

Open Book dates have passed for the year

Starts: -05/24/2016 - 05:00 PM Ends: -05/24/2016 - 07:00 PM

About Open Book

Board Of Review

Board of Review dates have passed for the year

Starts: -06/14/2016 - 05:00 PM Ends: -06/14/2016 - 07:00 PM

About Board Of Review

Show Assessment Contact Information ∨

Zoning Information

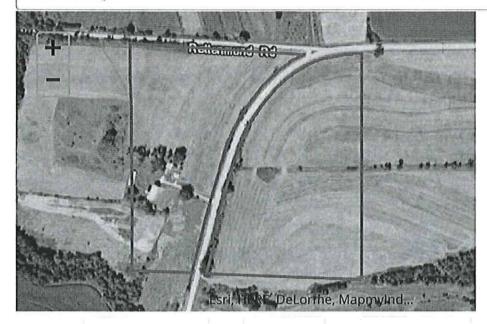
For the most current and complete zoning information, contact the Division of Zoning.

Zoning

A-1(EX)

Zoning District Fact Sheets

Parcel Maps



Surveyor Map

DCiMap

Google Map

Bing Map

Tax Summary (2015)

More +

E-Statement	E-Bill	E-Receipt

Assessed Land Value	Assessed Improvement Value	Total Assessed Value
\$41,500.00	\$96,800.00	\$138,300.00
Taxes:	\$2,270.62	
Lottery Credit(-):	\$101.83	
First Dollar Credit(-):	\$63.04	
Specials(+):	\$8.67	
Amount:		\$2,114.42

District Information		
Туре	State Code	Description
REGULAR SCHOOL	3794	MOUNT HOREB SCHOOL DIST
TECHNICAL COLLEGE	0400	MADISON TECH COLLEGE
OTHER DISTRICT	24E2	EMS MT HOREB
OTHER DISTRICT	24MH	MT HOREB FIRE

Recorded Do	ocuments			
Doc. Type	Date Recorded	Doc. Number	Volume	Page
D	09/15/2009	4594901		

Show More V

DocLink

DocLink is a feature that connects this property to recorded documents. If you'd like to use DocLink, all you need to do is select a link in this section. There is a fee that will require either a credit card or user account. Click here for instructions.

By Parcel Number: 0507-043-8000-9

By Owner Name: LOSENEGGER FAMILY TR, DONALD W & WINIFRED A

Document Types and their Abbreviations
Document Types and their Definitions



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210 Martin Luther King Jr. Blvd
City-County Bldg. Room 116
Madison, WI 53703



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DURABLE POWER OF ATTORNEY FOR FINANCES AND PROPERTY

I, Donald W. Losenegger, currently of Verona, Wisconsin, appoint my son, Michael J. Losenegger, currently of Mt. Horeb, Wisconsin, as my agent. My agent may perform for me and in my name, place, and stead, and generally do and perform all matters, acts, and things, and generally act for me in all matters affecting my business and property with the same force and effect and to all intents and purposes as though I was personally present and acting for myself, subject to the limitations provided in this instrument. In the event, Michael J. Losenegger is ever unable or unwilling to act, I hereby appoint my daughter-in-law Rayne Arneson, currently of Mt. Horeb, Wisconsin, as my alternate agent hereunder. Each nominated agent shall be required to sign the Acceptance of Duties and Liabilities form prior to assuming the role of agent. Bond shall not be required of my agent(s).

This Durable Power of Attorney becomes effective immediately when I sign the document and after my agent signs the Acceptance of Duties and Liabilities form (attached hereto). This Durable Power of Attorney revokes any prior Durable Power of Attorney I may have executed and shall remain in effect until I personally revoke it in writing or by execution of a new Durable Power of Attorney. After this Power of Attorney becomes effective, it shall not be affected by any subsequent incapacity which I may hereafter suffer or the passage of time. My agent may exercise for me and in my name and on my behalf the powers enumerated below, including the powers enumerated in the Uniform Power of Attorney for Finances and Property Act in §§ 244.41(3) and 244.43 of the Wisconsin statutes and the specific statutory powers incorporated by reference in this instrument.

1. REAL PROPERTY

My agent shall have all of the authority granted under §244.44 of the Wisconsin statutes with respect to real property, including without limitation, the power to sell, exchange, option, and convey my real property, wherever located; execute and deliver deeds of general warranty, with the customary covenants for such property; manage and control my real and personal property, wherever located; negotiate, execute, and deliver any leases of my property; demand and collect rents; buy real property; arrange for appropriate disposition, use, insurance, and safekeeping of all my property; and settle, compromise, and adjust insurance claims.

If my agent is my son, Michael J. Losenegger, my agent is specifically authorized to enter into any necessary contracts to sell any interest I own, or owned by any trust of which I am the sole settlor or the settlor with my spouse, in my farm and/or homestead to Michael J. Losenegger, provided the purchase price must be determined by an independent appraisal and approved by Michael's then living and competent siblings.

2. TANGIBLE AND INTANGIBLE PERSONAL PROPERTY

My agent shall have all of the authority granted under §244.45 of the Wisconsin statutes with respect to tangible personal property. My agent shall have all authority that I have with

respect to the management, creation, sale, purchase, and assignment of any type of intellectual property, including but not limited to, trademarks, copyrights, and patents.

3. STOCKS AND BONDS

My agent shall have all of the authority granted under §244.46 of the Wisconsin statutes with respect to stocks and bonds, including without limitation, the power to buy, sell, pledge, exchange, assign, option, or otherwise transfer any securities of any kind; deal with any broker, banker, or other agent; receive all dividends and interest payments now or hereafter due or payable to me from any security or other indebtedness or investment; vote stock and otherwise represent me at all meetings of shareholders or companies or corporations in which I have an interest; sign proxies or other instruments; tender my resignation as director or officer; and subscribe to shares of stock.

4. COMMODITIES AND OPTIONS

My agent shall have all of the authority granted under §244.47 of the Wisconsin statutes with respect to commodities and options.

5. BANKS AND OTHER FINANCIAL INSTITUTIONS: SAFE DEPOSIT

My agent shall have all of the authority granted under §244.48 of the Wisconsin statutes with respect to banks and other financial institutions, including without limitation, the authority to open, continue, maintain, change, or close any account, including, without limitation, any checking or savings account, certificate of deposit, share account, and other like arrangement with any bank, trust company, savings bank, building and loan association, savings and loan association, credit union, or other financial institution; make deposits and withdrawals by check, draft, or otherwise; and endorse checks, notes, and drafts for deposit, collection, or otherwise.

My agent shall have access to any safe-deposit box of mine (whether the box is held in my name alone or jointly with another person or others), wherever located, and may remove the contents and surrender the box on my behalf.

6. BORROW AND ENCUMBER

In accordance with §244.48 of the Wisconsin statutes, my agent may borrow money on a secured or unsecured basis, at such rate of interest, and upon such terms, covenants, and conditions as my agent believes advisable; sign, seal, acknowledge, and deliver real estate mortgages, security agreements, assignments, financing statements, agreements not to encumber, debt and security interest subordinations, pledges, and other agreements.

7. OPERATION OF ENTITY OR BUSINESS

My agent shall have all of the authority granted under §244.49 of the Wisconsin statutes with respect to the operation of an entity or business. I intend that this authority extend to

partnerships in which I may have an interest and to the extent necessary under §244.41(1)(g) of the Wisconsin statutes, I expressly delegate to my agent any fiduciary powers associated with such interests.

8. INSURANCE AND ANNUITIES

My agent shall have all of the authority granted under §244.50 of the Wisconsin statutes with respect to insurance and annuities, subject to the limitations provided in this instrument.

9. ESTATES, TRUSTS, AND OTHER BENEFICIAL INTERESTS

My agent shall have all of the authority granted under §244.51 of the Wisconsin statutes with respect to estates, trusts, and other beneficial interests, subject to the limitations provided in this instrument.

In addition, my agent may transfer from time to time some or all of my assets to the trustee or trustees of any revocable trust that I may have established or may establish in the future, regardless of the extent or limitations on my beneficial interests in that trust, to be administered in accordance with the terms thereof, and may manage the assets of said trust as if they were my solely owned assets. More specifically, my agent may name my trust as beneficiary of any accounts or insurance policies. This includes naming my trust as a recipient of any of my assets pursuant to a transfer on death, payable on death, or survivorship designation.

My agent may act as the agent for the trustee or trustees of any revocable trust that I may have established alone or with my spouse or which I may establish in the future, if so authorized in the trust agreement.

10. CLAIMS AND LITIGATION

My agent shall have all of the authority granted under §244.52 of the Wisconsin statutes with respect to claims and litigation, including without limitation the authority to demand and collect all property, real or personal, now or hereafter due, payable, or belonging to me; contest, compromise, settle, or abandon claims in my favor or against me; give receipts, releases, and discharges; commence, pursue, or oppose any action, suit, or legal proceeding relating to any matter in which I am or may hereafter be interested; and compromise, settle, or submit to judgment any such action or proceeding.

11. PERSONAL AND FAMILY MAINTENANCE

I intend to limit the application of §244.53 of the Wisconsin statutes to the powers expressly provided in this Section and otherwise in this instrument. My agent shall have the power to use assets in my estate for my comfort, health, support, maintenance, and education in accordance with my customary standard of living, taking into account other resources available for these purposes. My agent may also use assets in my estate for the health, support,

maintenance, and education of my spouse. My agent's authority with respect to personal and family maintenance shall be exercised with extreme caution whenever payment of expenses for myself or others could jeopardize eligibility for government benefits.

12. BENEFITS FROM GOVERNMENTAL PROGRAMS OR CIVIL OR MILITARY SERVICE

My agent shall have all of the authority granted under §244.54 of the Wisconsin statutes with respect to benefits from governmental programs or civil or military service.

My agent may represent and act for me before the Social Security Administration of the United States, and any similar agency of a state or local government; collect all Social Security benefits due me; and make such arrangements in connection with Social Security benefits, including, without limitation Medicaid and Medicare, as will facilitate their application to my care and support.

13. RETIREMENT PLANS

My agent shall have all of the authority granted under §244.55 of the Wisconsin statutes with respect to retirement plans, subject to the limitations provided in this instrument.

14. TAXES

My agent shall have all of the authority granted under §244.56 of the Wisconsin statutes with respect to taxes, including without limitations the authority to represent me before any office of the Internal Revenue Service or the Treasury Department of the United States and before the tax department of any state, county, or municipality with regard to any tax with which I am concerned. In particular, without limitation, my agent may:

- a. Prepare, sign, and file federal, state, local, and foreign income, gift, payroll, property, Federal Insurance Contributions Act, and other tax returns, claims for refunds, requests for extension of time, petitions regarding tax matters, and any other tax—related documents, including receipts, offers, waivers, consents, including consents and agreements under Section 2032A of the Internal Revenue Code, closing agreements, and any power of attorney required by the Internal Revenue Service or other taxing authority with respect to a tax year upon which the statute of limitations has not run and the following 25 tax years.
- b. Pay taxes due, collect refunds, post bonds, receive confidential information, and contest deficiencies determined by the Internal Revenue Service or other taxing authority.
- c. Exercise any election available to me under federal, state, local, or foreign tax law.
- d. Act for me in all tax matters for all periods before the Internal Revenue Service, or other taxing authority.

Durable Power of Attorney for Finances and Property of Donald W. Losenegger

e. Consent on my behalf to have any gift made by my spouse considered as made by each of us under I.R.C. §2513.

15. MARITAL AND OTHER PROPERTY

My agent may exercise any management and control over marital property or other property, as well as any other right I retain under the Wisconsin Marital Property Act, codified as amended at Chapter 766 of the Wisconsin statutes. Further, my agent may enter into or amend existing agreements with my spouse or the personal representative of the estate of my spouse as to classification of property under the Marital Property Act in Wisconsin or community property laws of other states where they are in effect.

16. MAILBOX

My agent shall have the authority to enter any mailbox which I shall have hired, whether at a U.S. post office or elsewhere and to surrender the box and terminate the lease at the agent's discretion; to sign for any certified or registered mail directed to me, and to execute any order required to forward mail to any location selected by my agent.

17. GIFTING

My agent may make gifts or other transfers without consideration (including the forgiveness of indebtedness) in my name and on my behalf to such persons and organizations as provided herein. My agent is strongly advised, but not required, to consult with an Elder Law and/or Estate Planning attorney that is licensed to practice law in the State of Wisconsin prior to making any gifts so that the legal consequences of such gifts are taken into account.

a. General Rules on Gifts:

- (1) My agent may make gifts of my property to my spouse and to my children; provided, however, that if gifts are made to any of my children, a gift of equivalent value shall be given to my other children.
- (2) The aggregate of all gifts to any one donee, in any one year, shall not exceed the federal gift tax annual exclusion for the year in which gifts were made (unless my spouse has consented to gift-splitting under the Internal Revenue Code, in which case such gifts shall not exceed an amount that is equal to the combined federal gift tax annual exclusion amounts available to my spouse and me), except if it is for Long Term Care or Tax Planning as provided below. This authority to make federal gift tax annual exclusion gifts shall be noncumulative.

- b. Exceptions to General Rules on Gifts:
 - (1) My agent may delay gifts to or for the benefit of one or more of my children and instead may make them in future years if the timing of the receipt may cause problems for the donee.
 - (2) My agent may make gifts to my spouse or to one of more of my children in any amount, including gifts that exceed the federal gift tax annual exclusion amount for the specific purpose of reducing the exposure of my estate to long term care expenses or potential estate taxes. A federal gift tax return may be required to be filed for such gifts.
 - (3) My agent may make gifts in any amount, including gifts that exceed the federal gift tax annual exclusion amount, to a trust for any person who may be eligible to receive a gift under this Gifting section, if that other person is receiving or eligible to receive means-tested public benefits, including but not limited to Supplemental Security Income (SSI), and Medicaid, and if the trust will qualify as a special needs trust which would permit the beneficiary to receive such public benefits while still having trust assets available to enhance his or quality of life. My agent shall have the authority to declare irrevocable any special needs trust that I have created.

Additionally, my agent may create a pooled and community trust sub-account and to transfer assets to the sub-account. My agent shall have authority to execute all necessary documents to create a sub-account with WisPACT, Inc. (or its successor in interest or a similar pooled and community trust) for the benefit of any person who may be eligible to receive a gift under this Gifting section and to transfer assets to such a sub-account for the benefit of the person, provided that the contingent beneficiaries shall be identical to those named in my revocable trust in effect at the time of the transfer of such assets.

- c. The authority of my agent to make gifts in my name and my behalf, as granted hereinabove, shall apply to all property owned by me, whether title is held as sole owner, as a joint tenant, as a tenant in common, or otherwise.
- d. I intend that this power to make gifts not be deemed a general power of appointment, consistent with the provisions of Sections 2041(b)(1)(A) and 2514(c)(1) of the Internal Revenue Code.
- e. My agent may make gifts to himself or herself, subject to the provisions herein.
- f. I expressly intend to grant this power to my agent under Section 244.41(1)(b) of the Wisconsin Statutes and declare that the standards set forth above constitute my objectives and that the authority of my agent to make gifts under this instrument shall in no way be restricted by Section 244.57 of the Wisconsin Statutes.

18. WISPACT TRUST

My agent shall have the authority to take all necessary steps and execute all necessary documents to establish a sub-account in my name and for my benefit in a pooled and community trust such as WisPACT, Inc. including, but not limited to, the authority to select a trust advisor (who may be my agent), designate beneficiaries (who may include my agent, but otherwise consistent with my revocable trust), file the necessary documents to obtain a disability determination if necessary for me, sign releases of information on my behalf; and to transfer any assets of mine into such sub-account and to perform any and all other acts as may be necessary or appropriate for the creation and funding of such sub-account. I expressly intend to grant this power to my agent under §244.41(1)(a) of the Wisconsin statutes.

19. DIGITAL PROPERTY

My agent may do all of the following with respect to my digital property:

- (1) Find, access, use, protect and control digital devices for purposes including, but not limited to, finding, accessing, valuing, protecting, transferring or otherwise controlling digital accounts and digital content;
- (2) Access, manage, distribute, delete, terminate, transfer or transfer ownership rights in, or otherwise control any digital account which I may own or otherwise possess right to, including successor new media with respect to the digital account;
 - (3) Request copies of the content of any digital device or digital account;
- (4) Access, manage, distribute, delete, copy, curate, backup or otherwise store or archive, decrypt, download, transfer or transfer ownership rights in, or otherwise control any digital content which I may own or otherwise possess rights to, regardless of the ownership of the digital device on which the digital content is stored or the ownership of the digital account within which the digital content is stored, including successor new media with respect to the digital property;
- (5) Employ and provide reasonable compensation to computer or other technical experts, including computer forensic experts, regarding any digital property;
- (6) Take such actions, locally, nationally, and internationally, to facilitate any purposes listed herein regarding any digital property;
- (7) Access digital property that may be considered personal, private, or protected under any applicable law;

- (8) Obtain, use, access, bypass, reset, recover or otherwise change any usernames and/or passwords regarding any digital property;
- (9) Communicate with any software licensor, internet service provider, voice mail or home security system service provider, or other similar third party regarding any digital property;
- (10) Protect and otherwise maintain or preserve any intellectual property rights regarding any digital property; and
- (11) Maintain and renew, in the fiduciary's discretion, licenses and contracts, including software licenses, domain registrations, and similar or comparable licenses or contracts or other contractual rights necessary to access any digital property.

The above listed powers shall apply to all of my digital property whether I have maintained such property in my individual name, in the name of a trust or other entity, or in the name of a nominee.

"Digital Property" shall include, but is not limited to: "Digital Devices" including, but not limited to, desktops, laptops, tablets, peripherals, storage devices, smartphones, and any similar or comparable digital device, including successor new media; "Digital Accounts" including, but not limited to, file sharing accounts, email accounts, social media accounts, digital financial accounts, digital music, photograph, e-book, audio and video accounts, domain name accounts, website and blog hosting accounts, tax preparation service accounts, online sales and purchasing accounts, online storage accounts, video game and virtual world accounts, other similar online accounts, and similar or comparable digital accounts including successor new media; or "Digital Content" on digital devices or in digital accounts, including, but not limited to, files stored on digital devices or stored in digital accounts, emails sent and received, social media content, financial information, digital music, photographs, e-books, audio and video content, domain names, web pages, blogs, tax return documentation, online sales and purchasing account content, storage, archive or backup content, video game and virtual worlds content, and any text, images, words, characters, codes, multimedia information, or other similar content, including successor new media.

20. PROMISSORY NOTE

My agent may loan money on my behalf, but only if the loan is reduced to a written Promissory Note which my agent may sign on my behalf. The interest thereon shall not be less than the applicable federal rate for the month in which the Promissory Note is executed.

21. LIFE CARE CONTRACTS

My agent may enter into written care compensation agreements, as my agent deems advisable, with a family member of mine, if such family member personally provides care for me. I expressly authorize my agent to enter into such an agreement with himself/herself, if he/she personally provides care for me.

22. DOMICILE

My agent shall have the authority to declare or change the state or county of my residence or domicile and to declare my intention to return to my home at some time in the future without regard to whether my intent is deemed reasonable under any standard applied.

23. EMPLOYMENT OF AGENTS

In accordance with §§244.14(7) and 244.43(6) of the Wisconsin statutes or any similar statutes, my agent may employ and dismiss agents, attorneys, investment advisers, accountants, housekeepers, and other persons, and terminate any agency that I may have created at any time.

24. POWER OF SUBSTITUTION

In accordance with §§244.14(7) and 244.41(1)(e) of the Wisconsin statutes, my agent may substitute and appoint from time to time an agent or agents under my agent named in this instrument, with the same or limited powers, and remove the substitute or substitutes and appoint another or others. I expressly intend to grant this power to my agent under §244.41(1)(e) of the Wisconsin statutes.

25. COMPENSATION

My agent shall be reimbursed for all reasonable costs and expenses actually incurred and paid under this power, and my agent shall be entitled reasonable compensation for services rendered under this Durable Power of Attorney.

26. FIDUCIARY POSITIONS

My agent may renounce any fiduciary positions to which I have been or may be appointed, including, but not limited to personal representative, trustee, guardian, conservator, attorney-in-fact and officer or director of a corporation; to resign such positions in which capacity I am presently serving, and to file an accounting with a court of competent jurisdiction, or settle on a receipt or release or other informal method as my agent deems advisable.

27. AUTHORITY TO CREATE, AMEND, REVOKE AND DISCLAIM

The powers granted in this Section 27 shall apply regardless of any provisions in this instrument to the contrary, including but not limited to the provisions of Section 28.

Subject to my agent's fiduciary standard of care, my agent may create, amend, revoke or restate, in whole or part: (1) any revocable trust of which I am the sole settlor or the settlor with my spouse, and/or (2) any marital property agreement, (3) any beneficiary or T.O.D. or P.O.D. designation for any financial account or contractual asset such as, by way of example and not limitation, life insurance policies, IRAs, annuities, 401(k)s, retirement accounts, and checking and savings accounts, and/or (4) any will (as allowed by law). My agent may create and may

take legal action to partially amend or revoke any trust of which I am the sole settlor or the settlor with my spouse; provided, however, that my agent may only exercise this power if my agent first receives the opinion of an estate planning attorney that doing so will not likely result in adverse tax consequences and then only with the consent of any named alternate agent. My agent is authorized to disclaim any assets or powers, in part or whole for the purpose of funding an asset protection trust.

28. LIMITATIONS

- 28.1 Limitations: General. Except as otherwise expressly provided in this instrument, my agent shall not exercise any power granted by this instrument in favor of my agent, my agent's estate, my agent's creditors, or the creditors of my agent's estate. Except as otherwise expressly provided, my agent shall have no power to disclaim assets, to make gifts, to create, amend, revoke, or terminate any dispositive or appointive instrument that transfers property on my death, including without limitation any will of which I am the testator, any trust of which I am a settlor, any provision of a marital property agreement under §766.58(3)(f) of the Wisconsin statutes to which I am a party, a P.O.D. beneficiary under Chapter 705 of the Wisconsin statutes, or any beneficiary designation that I control, including without limitation the beneficiary designation for any life insurance policy or retirement plan within the meaning of §244.55(1) of the Wisconsin statutes. Except as otherwise expressly provided, nothing in this instrument shall be construed to delegate any right or power that I may hold in a fiduciary capacity.
- 28.2 Receipts, Disbursements, or Transactions. If my agent is my spouse, my agent shall not be required to keep a record of receipts, disbursements or transactions made on my behalf. I intend by this provision to negate the effect of §244.14(2)(d) of the Wisconsin statutes or any similar statute.
- 28.3 Governmental Agencies. My agent shall not be required to disclose any information about receipts, disbursements, or transactions made on my behalf to any governmental agency, whether or not it has regulatory authority to protect my welfare. I intend by this provision to negate the effect of §244.14(8)(c) of the Wisconsin statutes or any similar statute.

29. NOMINATION OF GUARDIAN

In accordance with §244.08 of the Wisconsin Statutes, I nominate my agent to serve as my guardian, as my conservator, or in any similar capacity.

30. INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION OR RECORDS

30.1 Health Insurance Portability and Accountability Act (HIPAA). As a supplement to §244.53(1)(f) of the Wisconsin statutes, I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a/k/a HIPAA), 42

U.S.C. §1320d and 45 C.F.R. §§160 through 164. I intend for my agent to be treated for all purposes as my personal representative under HIPAA. Without limiting any of the foregoing, I authorize my physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health-care provider, any insurance company, and the Medical Information Bureau Inc. or other health-care clearinghouse that has provided treatment or services to me, or that has paid or is seeking payment from me for such services, to give, disclose, and release to my agent, without limitation, all of my individually identifiable health information and medical records regarding any past, present, or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illnesses, and drug or alcohol abuse.

The authority given my agent shall supersede any prior agreement that I may have made with my health-care providers to restrict access to or disclosure of my individually identifiable health information or medical records. The authority given to my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health-care provider.

30.2 Health Care Agent. I direct my agent under this instrument to pay all reasonable costs incurred on my behalf by any health care agent whom I have appointed to act on my behalf under a Power of Attorney for Health Care under Chapter 155 of the Wisconsin statutes or similar law. My health care agent shall render bills for all costs incurred in this exercise of his or her power to my agent under this instrument for this purpose.

31. PHOTOCOPIES

Under §244.06(4) of the Wisconsin statutes, photocopies or electronically transmitted copies of this power of attorney shall have the same effect as an original.

32. SEVERABILITY

The invalidity of a provision of this power of attorney shall not affect another provision.

33. WISCONSIN LAW

This instrument shall be governed by the laws of the state of Wisconsin.

34. DURABLE POWER

The authority and powers granted herein shall be exercisable by my agent and shall not be affected by my subsequent disability or incapacity.

35. HEADINGS

No effect is to be given to article headings.

Pursuant to §§705.02(2) and 705.05(3) of the Wisconsin statutes, TRANSACTIONS REGARDING ANY ACCOUNT OR CERTIFICATE OF DEPOSIT TO WHICH I AM A PARTY MAY BE MADE BY THE AGENT OR AGENTS NAMED HEREIN. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION. THE AUTHORITY CONFERRED UPON THE AGENT SHALL BE EXERCISABLE NOTWITHSTANDING THE LEGAL DISABILITY OF ANY PARTY TO THE ACCOUNT OR CERTIFICATE OF DEPOSIT.

Agent

Name

Michael J. Losenegger

Address

509 Reid Dr.

Mt. Horeb, WI 53572

Phone

608-437-5902

Alternate Agent

Rayne Arneson 509 Reid Dr.

Mt. Horeb, WI 53572

608-437-5902

IN WITNESS WHEREOF, I have hereunto set my hand this 3rd day of June, 2016.

Donald W. Losenegger

1125 North Edge Trail Apt #213

Verona, WI 53593

STATE OF WISCONSIN

) ss.

COUNTY OF DANE

Personally came before me this 3rd day of June, 2016 the above named Donald W. Losenegger, to me known to be the person who executed the foregoing instrument and acknowledged the same.

SA TITE

Mark H.T. Fuhrman

Notary Public, State of Wisconsin

My commission is permanent.

THIS INSTRUMENT WAS DRAFTED

Attorney Mark H.T. Fuhrman

Fuhrman & Dodge, S.C.

2501 Parmenter Street, Suite 200B

Middleton, WI 53562

Phone: (608) 327-4200 Fax: (608) 841-1502

AGENT'S DUTIES AND LIABILITIES FORM

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must do all of the following:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest.
 - (2) Act in good faith.
 - (3) Do nothing beyond the authority granted in this power of attorney.
- (4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

.... Donald W. Losenegger by (your signature) as agent

Unless the special instructions in this power of attorney state otherwise, you must also do all of the following:

- (1) Act loyally for the principal's benefit.
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest.
 - (3) Act with care, competence, and diligence.
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.
- (5) Cooperate with any person that has authority to make health-care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include all of the following:

- (1) Death of the principal.
- (2) The principal's revocation of the power of attorney or your authority.
- (3) The occurrence of a termination event stated in the power of attorney.
- (4) The purpose of the power of attorney is fully accomplished.
- (5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the special instructions in this power of attorney state that such an action will not terminate your authority.

(6) If you are the principal's domestic partner and your domestic partnership is terminated, unless the special instructions in this power of attorney state that such an action will not terminate your authority.

LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes. If you violate the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

SIGNATURE OF AGENT

I HAVE READ AND ACCEPT THE DUTIES AND LIABILITIES OF THE AGENT AS SPECIFIED IN THIS POWER OF ATTORNEY.

Signature of Michael J. Loseneggor,

Financial Agent

6

AGENT'S DUTIES AND LIABILITIES FORM

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must do all of the following:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest.
 - (2) Act in good faith.
 - (3) Do nothing beyond the authority granted in this power of attorney.
- (4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

.... Donald W. Losenegger by (your signature) as agent

Unless the special instructions in this power of attorney state otherwise, you must also do all of the following:

- (1) Act loyally for the principal's benefit.
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest.
 - (3) Act with care, competence, and diligence.
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.
- (5) Cooperate with any person that has authority to make health-care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include all of the following:

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- (4) The purpose of the power of attorney is fully accomplished.
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If there is anything about this document or your duties that you do not understand, you should seek legal advice.

SIGNATURE OF AGENT

I HAVE READ AND ACCEPT THE DUTIES AND LIABILITIES OF THE AGENT AS SPECIFIED IN THIS POWER OF ATTORNEY.

Signature of Rayne Arneson,

Financial Agent

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LOTS 1 & 2: FROM A-1EX TO RH-1:

PART OF THE NE1/4 OF THE SW1/4 OF SECTION 4, T5N, R7E, TOWN OF PRIMROSE, DANE CO, WI, DESCRIBED AS FOLLOWS: COMMENCING AT THE WEST 1/4 CORNER OF SEC. 4; THENCE EAST 676'; THENCE SOUTH 850'; THENCE S80°E 600' TO POINT OF BEGINNING; THENCE S80°E 540' TO C.T.H. G; THENCE N15°E 420'; THENCE WEST 500'; THENCE S20°W 340' TO P.O.B. CONTAINS 4 ACRES, NET.

LOT 3: REMAINDER FARMLAND FROM A-1EX TO A-4°

PART OF THE SW1/4 OF SECTION 4, T5N, R7E, TOWN OF PRIMROSE, DANE CO, WI, DESCRIBED AS FOLLOWS: BEGINNING 676' EAST FROM THE WEST 1/4 CORNER OF SEC. 4; THENCE SOUTH 39' TO POINT OF BEGINNING ON SOUTH R/W OF RETTENMUND ROAD; THENCE EAST 1500' TO C.T.H. G; THENCE SOUTHWESTERLY ALONG 'G' 650'; THENCE WEST 500'; THENCE S20°W 340'; THENCE S80°E 540'; THENCE S15°W ALONG 'G' 750'; THENCE NORTHWESTERLY 1050'; THENCE NORTH 1320' TO P.O.B. CONTAINS 34 ACRES.

	Thom R. Grenlie,LLC Professional Land Surveyor \$1051
	Thom R. Grenlie, LLC Professional Land Surveyor \$1051 3940 Forshaug Rd, Black Earth, WI 53515 (608) 845 6882 trgrenlie@gmail.com SURVEYOR'S CERTIFICATE State of Wisconsin) CERTIFIED SURVEY MAP
	SURVEYOR'S CERTIFICATE
ST 1	State of Wisconsin) CERTIFIED SOR (C. 1)
lĸ.	State of Wisconsin County of Dane I, Thom R. Grenlie, hereby certify that this survey is in compliance with Chapter 236.34 of Wisconsin Statutes. I also certify that I have surveyed and mapped the lands described hereon and that the map is a correct representation of all exterior boundaries of the land surveyed and the division of that land with the information provided.
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	SURVEYED NOT
	DRAWN REGISTER OF DEEDS CERTIFICATE APPROVED Received for recording this day of
	DATE 6-9-16 TAPE/FILE and recorded in Volume of Certified Survey
	Maps of Dane County on Page
7/)	OFFICE MAP NO DOCUMENT #