

BK: 2020 PG: 1360
Recorded: 4/22/2020 at 11:08:19.0 AM
Pages 7
County Recording Fee: \$37.00
Iowa E-Filing Fee: \$3.00
Combined Fee: \$40.00
Revenue Tax:
LISA SMITH RECORDER
Madison County, Iowa

Prepared by: Gerald M. Stambaugh, Heiny, McManigal, Duffy, Stambaugh & Anderson, P.L.C., 11 4th Street N.E., P.O. Box 1567, Mason City, IA 50402-1567 (641-423-5154); gstambaugh@heinylaw.com

Return To: Tony Schilling, 1641 NW 92nd Street, Clive, Iowa 50325

GENERAL POWER OF ATTORNEY

1. **DESIGNATION OF ATTORNEY-IN-FACT.** I, Nancy M. Rehard, 2362 255th Street, Peru, Iowa 50222 (515-468-7267) appoint
Tony L. Schilling, 1641 N.W. 92nd Street, Clive, Iowa 50325 (515-318-3236;
tschilling@alumni.iastate.edu)

as my Agents to serve jointly and severally (any one may serve alone) according to their discretion. In the event an Agent is unable to serve for any reason or if an Agent is currently my spouse and we become legally separated or our marriage is dissolved, all powers granted in this Power of Attorney shall inure to the survivor of those individuals.

"Agent" shall also be defined as Attorney-in-Fact.

I revoke any and all general powers of attorney that may have been previously executed by me. Provided, however, I do NOT revoke any powers of attorney for health care decisions that may have been previously executed by me.

2. **POWERS OF AGENT.** My Agent shall have full power and authority to act for me with respect to all of the subjects set forth in Iowa Code § 633B.204 – § 633B.218, including, but not limited to, Real Property, Tangible Personal Property, Stocks and Bonds, Commodities and Options, Banks and Other Financial Institutions, Operation of Entity or Business, Insurance and Annuities, Estate, Trusts, and Other Beneficial Interests, Claims in Litigation, Personal and Family Maintenance, Benefits from Government Programs or Civil and Military service, Retirement Plans, and Taxes, with said Code Sections incorporated herein by reference.

This shall include the full power and authority to manage and conduct all of my affairs, with full power and authority to exercise or perform any act, power, duty, right or obligation I now have or may hereafter acquire the legal right, power and capacity to exercise or perform. The power and authority of my Agent shall include, but not be limited to, the power and authority:

A. To buy, acquire, obtain, take or hold possession of any property or property rights and to retain such property, whether income producing or non-income producing;

B. To sell, convey, lease, manage, care for, preserve, protect, insure, improve, control, store, transport, maintain, repair, remodel, rebuild and in every way deal in and with any of my property or property rights, now or hereafter owned by me, and to establish and maintain reserves for improvements, upkeep and obsolescence; to eject or remove tenants or other persons and to recover possession of such property. This includes the right to convey or encumber my homestead;

C. To pay my debts; to borrow money, mortgage and grant security interests in property; to complete, extend, modify or renew any obligations, either secured, unsecured, negotiable or non-negotiable, at a rate of interest and upon terms satisfactory to my Agent; to lend money, either with or without collateral; to extend or secure credit; and to guarantee and insure the performance and payment of obligations of another person or entity;

D. To open, maintain or close accounts, brokerage accounts, savings and checking accounts; to purchase, renew or cash certificates of deposit; to conduct any business with any banking or lending institution in regard to any of my accounts or certificates of deposit; to write checks, make deposits, make withdrawals and obtain bank statements, passbooks, drafts, money orders, warrants, certificates or vouchers payable to me by any person or entity, including the United States of America, and expressly including the right to sell or cash US Treasury Securities and Series E, EE, and H and HH Bonds;

E. To have full access to any safety deposit boxes and their contents;

F. To pay all city, county, state or federal taxes and to receive appropriate receipts therefore; to prepare, execute, file and obtain from the government income and other tax returns and other governmental reports, applications, requests and documents; to take any appropriate action to minimize, reduce or establish non-liability for taxes; to sue or take appropriate action for refunds of same; to appear for me before the Internal Revenue Service or any other taxing authority in connection with any matter involving federal, state or local taxes in which I may be a party, giving my Agent full power to do everything necessary to be done and to receive refund checks; to execute waivers of the statute of limitations and to execute closing agreements on my behalf;

G. To act as proxy, with full power of substitution, at any corporate meeting and to initiate corporate meetings for my benefit as stockholder, in respect to any stocks, stock rights, shares, bonds, debentures or other investments, rights or interests;

H. To invest, re-invest, sell or exchange any assets owned by me and to pay the assessments and charges therefore; to obtain and maintain life insurance upon my life or upon the life of anyone else; to obtain and maintain any other types of insurance policies; to continue any existing plan of insurance or investment; I specifically appoint my Agent and give full authority to buy, sell, assign and transfer stock, bonds and other securities.

I. To defend, initiate, prosecute, settle, arbitrate, dismiss or dispose of any lawsuits, administrative hearings, claims, actions, attachments, injunctions, arrests or other proceedings, or otherwise participate in litigation which might affect me;

J. To carry on my business or businesses; to begin new businesses; to retain, utilize or increase the capital of any business; to incorporate or operate as a general partnership, limited partnership or sole proprietorship of any my businesses;

K. To employ professional and business assistants of all kinds, including, but not limited to, attorneys, accountants, real estate agents, appraisers, salesmen and agents;

L. To apply for benefits and participate in programs offered by any governmental body, administrative agency, person or entity;

M. To transfer to the trustee of any revocable trust created by me, if such trust is in existence at the time, any and all property of mine (excepting property held by me and any other person as joint tenants with full rights of survivorship), which property shall be held in accordance with the terms and provisions of the agreement creating such trust; to amend or revoke any revocable trust created by me prior to or after the execution of this General Power of Attorney, in whole or in part, and to withdraw from any revocable trust created by me, such sums of income and principal as my Attorney-in-Fact deems advisable;

N. To disclaim or refuse any interest in property passing to me from person or entity, including a power of appointment;

O. To make gifts of any of my property or assets to members of my family; and to make gifts to such other persons or religious, educational, scientific, charitable or other nonprofit organizations to whom or to which I have an established pattern of giving. An Agent may make gifts of my property to himself or herself as determined by my Agent in his or her discretion and without requiring the approval or consent of any other person. My Agent may make gifts in excess of the annual exclusion amount under IRC Section 2503(b) and may consent to the splitting of gifts made by my spouse (if any) pursuant to IRC Section 2513 in excess of the exclusion amounts if the capitalization determines that such an amount would be consistent with my objectives or best interests. Gifts made by my Agent shall be consistent with my best interests based on all relevant factors, including, but not limited to, the following:

- i. The value and nature of my property;
- ii. My foreseeable obligations and need for maintenance;
- iii. The minimization of taxes, including but not limited to, income, estate, inheritance, generation-skipping transfer, and gift taxes;
- iv. Eligibility for a benefit, a program, or assistance under a statute, rule or regulation; and
- v. My history of making or joining in making gifts.

P. To make withdrawals from individual retirement accounts, individual retirement annuities, tax-deferred annuities, retirement plans, and all other plans and investments, whether qualified or nonqualified (the "plans"), and

- i. to change the investments for or within any of the plans; and
- ii. to change the custodians and administrators of any of the plans; and
- iii. to make contributions (including "rollover" contributions) or cause contributions to be made to such plans with my funds or otherwise on my behalf; and
- iv. to receive and endorse checks or other distributions to me from such plans, or to arrange for the direct deposit of such distributions into an account in my name, in the name of my agent for my benefit, or in the name of any trust of which I may be an income beneficiary; and
- v. to elect a form of payment of benefits from such plans, to withdraw benefits from such plans, and to make, exercise, waive, or consent to any and all elections and/or options I may have available regarding the contributions to, investment or administration of, distribution from, or form of benefits payable by, such plans; and
- vi. to designate one or more beneficiaries or contingent beneficiaries for any benefits payable under such plans on account of my death, and to change any prior designation of beneficiary made by me or by my agent, provided, however, that my agent shall have no power to designate my agent directly or indirectly as a beneficiary or contingent beneficiary to receive a greater share or proportion of any such benefits than my agent would have otherwise received unless such change is consented to by all other beneficiaries who would have received the benefits but for the proposed change, with the beneficiaries to be determined as of the time of the proposed change. This limitation shall not apply to any designation of my agent as beneficiary in a fiduciary capacity, with no beneficial interest; and
- vii. Waive my right to be a beneficiary of a joint or survivor annuity, including a survivor benefit

under a retirement plan.

Q. To amend, revoke, or terminate a Trust created by me and to agree to the amendment or termination of any trust to which I have an interest.

R. To have the authority and power to access, handle, modify, utilize, distribute and dispose of my Digital Assets, including the power to access, create, modify, delete, and control my user names, passwords, and any other electronic credentials related to my Digital Assets or my Digital Devices. For purposes of this Power of Attorney document, Digital Assets shall include, but not be limited to: files stored on my digital devices.

For purposes of this Power of Attorney document, Digital Devices shall mean any electronic device that can receive, store, process, or send digital information, including, but not limited to: personal computers, tablets, peripherals, storage devices, cellular telephones, and any other similar device that currently exists or may exist in the future as technology develops; in addition to email accounts, digital music files, digital photographs, digital videos, blogs, vlogs, written documents, software licenses, social media accounts, file sharing accounts, financial accounts, bank accounts, domain registrations, web hosting accounts, tax preparation and service accounts, online stores, and affiliate programs, stored on any media in any mode locally or remotely; and any other digital media currently in existence or that may exist in the future as technology develops, regardless of the ownership of the physical device upon which the media is stored.

To the extent permitted by law, the powers granted herein shall be considered or deemed to be my consent for all purposes of the Electronic Communications Privacy Act: Stored Communications Act, 18 U.S.C. §2701 et seq. and the Computer Fraud and Abuse Act 18 U.S.C. §1030 et seq., as amended or substituted from time to time.

S. To request certification of my incapacity from my attending physician at any time and to delegate to any person named as an agent or substitute agent under a healthcare power of attorney authority to request written certification of incapacity from my attending physician at any time. This special authority to obtain written certification is in addition to and does not replace any other power of attorney or authorization I may have given to any other person, including to the agents identified in this instrument.

T. To expend income and assets of the undersigned for the benefit of the undersigned as well as for the benefit of the spouse, if any, of the undersigned and to incur and pay legal fees and expenses for the benefit of the undersigned and for the benefit of the spouse, if any, of the undersigned.

U. Without limiting the generality of any of the foregoing powers, to create, amend, revoke, or terminate an inter vivos trust, to make a gift, to create or change the rights of survivorship, to create or change a beneficiary designation, to designate authority granted under this Power of Attorney, to waive the Principal's right to be a beneficiary of a joint and survivor annuity including but not limited to survivor benefits under retirement plans, to exercise fiduciary powers that the Principal has the authority to delegate, to disclaim property, including but not limited to a power of appointment, and to exercise all rights and powers granted to an agent under Iowa Code Chapter 636.

3. CONSTRUCTION. This Power of Attorney is to be construed and interpreted as a general power of attorney. The enumeration of specific items, rights, acts or powers shall not limit or restrict the general and all-inclusive powers that I have granted to my Agent. All references to property or property rights herein shall include all real, personal, tangible, intangible or mixed property. Words and phrases set forth in this Power of Attorney shall be construed as in the singular or plural number and as masculine, feminine or neuter gender according to the context.

Any authority granted to my Agent, however, shall be limited so as to prevent this Power of Attorney

(a) from causing my Agent to be taxed on my income; (b) from causing my estate to be subject to a general power of appointment (as that term is defined by Section 2041, Internal Revenue Code of 1986, as amended) by my Agent; and (c) from causing my Agent to have any incidents of ownership (within the meaning of Section 2042 of the Internal Revenue Code of 1986, as amended) with regard to any life insurance policies on the life of my Agent.

4. **LIABILITY OF AGENT.** My Agent shall not be liable for any loss sustained through an error or judgment made in good faith, but shall be liable for willful misconduct or breach of good faith in the performance of any of the provisions of this power of attorney.

5. **COMPENSATION OF AGENT.** The Agent understands that this power of attorney is given without any express or implied promise of compensation to said Agent. Any services performed as my Agent will be done without compensation, either during my lifetime or upon my death, but the Agent shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provisions of this Power of Attorney.

6. **ACCOUNTING BY AGENT.** Upon my request or the request of any Conservator appointed on my behalf or the Personal Representative of my Estate, my Agent shall provide a complete accounting as to all acts performed pursuant to this Power of Attorney.

7. **NOMINATION OF CONSERVATOR AND GUARDIAN.** If it becomes necessary for Court to appoint a Conservator of my Estate or a Guardian of my person, I nominate the same individual as designated as my Agent above, in the same order of priority designated above, for appointment as my conservator and guardian.

8. **RELIANCE ON THIS POWER OF ATTORNEY.** Any person, including my Agent, may rely upon the validity of this Power of Attorney, or a copy of it, unless that person knows it has been terminated or is invalid.

9. **JUDICIAL INTERVENTION.** Under Iowa law, any or all of the following individuals may petition a Court having jurisdiction to interpret the Power of Attorney or review the conduct of my Agent: (a) me or my Agent; (b) my Guardian, Conservator, or other fiduciary acting on my behalf; (c) a person authorized to make healthcare decisions for me; (d) my spouse; (e) my parent; (f) my lineal descendants; (g) an individual who would qualify as my presumptive heir; (h) a person named as a beneficiary or a Trust created by me or for me, if the Trust has a financial interest in my Estate; (i) a governmental agency having regulatory authority to protect my welfare; (j) my caregiver or another person that demonstrates sufficient interest in my welfare; and (k) a person asked to accept this Power of Attorney.

10. **EFFECTIVE DATE AND DURABILITY.** This Power of Attorney shall become effective immediately. This Power of Attorney shall not be affected by my disability. This Power of Attorney shall continue to be effective until my death; provided, however, this Power of Attorney may be revoked by me as to my Agent at any time by written notice to such Agent.

All of my individually identifiable health information and medical records relating to my disability or incapacity may be released to the person who is nominated as my Agent, including any written opinion relating to my disability or incapacity that the person so nominated may have requested. This authorization applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d and 45 C.F.R. §§ 160-164, as amended from time to time, and applies even if this Power of Attorney has not become effective. This authorization shall expire upon revocation of this Power of Attorney or upon my death, whichever occurs first.

For purposes of disclosure of all information regarding my health and medical records, the term "Agent" and the term "personal representative" shall be construed as in the singular or plural number and all of the

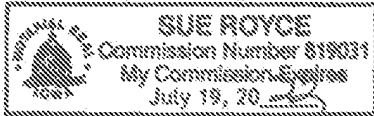
persons, class of persons, or entities designated below are authorized to receive my Protected Health Information:

- a. Agents and Successor Agents appointed my Power of Attorney for Healthcare;
- b. The Trustee and Successor Trustees appointed under my Revocable Living Trust or any other Trust I have created during my lifetime, if any; and
- c. The Agents and Successor Agents appointed under my General (Financial) Power of Attorney.

Nancy M. Rehard
 Nancy M. Rehard Dated: 10/20/19

STATE OF IOWA, Madison COUNTY, ss:

On this 22 day of October, 2019, before me the undersigned, a Notary Public in and for said State, personally appeared Nancy M. Rehard, to me known to be the identical person named in and who executed the foregoing instrument and acknowledged that such person executed the same as such person's voluntary act and deed.



Sue Royce
 Notary Public in and for said State

IMPORTANT INFORMATION FOR AGENT

AGENT'S DUTIES

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between the principal and you. 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:

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.

Act in good faith.

Do nothing beyond the authority granted in this Power of Attorney.

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:

Nancy M. Rehard by _____ [Your Name] _____ as Agent.

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

Act loyally for the principal's benefit.

Avoid conflicts that would impair your ability to act in the principal's best interest. Act with care, competence, and diligence.

Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.

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.

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 any of the following:

Death of the principal.

The principal's revocation of the Power of Attorney or your authority.

The occurrence of a termination event stated in the Power of Attorney.

The purposes of the Power of Attorney are fully accomplished.

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.

LIABILITY OF AGENT

The meaning of the authority granted to you is defined in Iowa Uniform Power of Attorney Act, Iowa Code Chapter 633B. If you violate the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B, 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.

GMS:\rb\R:\Slambaugh\probate\financial\rehard.nancy.docx