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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

Power of Attorney

Type of Document

**PREPARER INFORMATION:** (name, address, phone number)

Heather A. Timmins  
500 East Court Ave Suite 200  
Des Moines, IA 50306  
515-245-4300

**TAXPAYER INFORMATION:** (name and mailing address)

**RETURN DOCUMENT TO:** (name and mailing address)

Scott Woods  
1947 G76 Hwy  
New Virginia, IA 50210

**GRANTOR:** (name)

Elizabeth Woods

**GRANTEE:** (name)

Darrel Scott Woods

**LEGAL DESCRIPTION:** (if applicable)

See page:

**Document or instrument of associated documents previously recorded:**

(if applicable)

**DURABLE GENERAL POWER OF ATTORNEY**

**I. Designation of Agent**

I, Elizabeth A. Woods of Winterset, Iowa name the following person as my Agent:

<b>Name</b>	<b>DARREL SCOTT WOODS</b>		
<b>Home Address</b>	1947 G76 Hwy New Virginia, IA 50210	<b>Home Phone</b>	641-449-3591
		<b>Cell Phone</b>	515-201-2676

In the event my Agent is unable to serve for any reason, I appoint the following person as my successor Agent:

<b>Name</b>	<b>DOUGLAS M. WOODS</b>		
<b>Home Address</b>	1427 48 <sup>th</sup> Street Des Moines, IA 50311	<b>Home Phone</b>	-
		<b>Cell Phone</b>	515-371-6550

I hereby revoke any and all general and plenary powers of attorney that may have been previously executed by me, including any power of attorney limited to a specific and identifiable transaction or action which is still capable of performance but has not been fully accomplished by the agent therein, but specifically exempting any powers of attorney for health care decisions which I may have previously executed.

**II. Effective Date and Durability**

Pursuant to §633B.109(1) of the Iowa Uniform Power of Attorney Act, this Power of Attorney shall be effective immediately upon my signature and acknowledgment and shall not be affected by my disability or incapacity and shall continue until my death unless revoked by me.

**III. Reliance**

Pursuant to §633B.119 of the Iowa Uniform Power of Attorney Act, any person, including my Agent, acting in good faith may rely upon the validity of this Power of Attorney or an acknowledged copy or electronic version of it unless that person has knowledge that it has been terminated or is invalid.

**IV. Grant of General Authority**

I grant my Agent full power and authority to act for me, manage and conduct all of my affairs, with full power 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 of my Agent shall include the general authority to act with respect to the following subjects as defined in the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B:

- |  |  |
|--|--|
| §633B.204 – Real Property                          | §633B.211 – Estates, Trusts & Other Beneficial Interests |
| §633B.205 – Tangible Personal Property             | §633B.212 – Claims and Litigation                        |
| §633B.206 – Stocks and Bonds                       | §633B.213 – Personal and Family Maintenance              |
| §633B.207 – Commodities and Options                | §633B.214 – Benefits from Government Programs            |
| §633B.208 – Banks and Other Financial Institutions | §633B.215 – Retirement Plans                             |
| §633B.209 – Operation of Entity or Business        | §633B.216 – Taxes  |
| §633B.210 – Insurance and Annuities                | §633B.217 - Gifts  |

In addition, my Agent shall have full power and authority to perform the acts directed in Section V, if any, and shall be subject to and have authority as directed in Section VI, if any.

#### **V. Grant of Specific Authority**

In accordance with §633B.201(1) of the Iowa Uniform Power of Attorney Act, I grant my Agent specific authority to with respect to the following acts:

- A. Gifts** – My Agent shall have the authority to make a gift to an individual, including my Agent, subject to the limitations of the Iowa Uniform Power of Attorney Act, Iowa Code section 633B.217, and any special instructions in this Power of Attorney. My agent may make gifts of any of my property or assets to members of my family and 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.
- B. Fiduciary Powers** – My Agent shall have the authority to exercise fiduciary powers that I have the authority to delegate. My Agent shall have the authority to delegate the authority granted herein by employing professional and business assistance, including but not limited to, attorneys, financial advisors, and accountants.
- C. Disclaimer** – My Agent shall have the authority to disclaim or refuse an interest in property passing to me from a person or entity by gift, inheritance, or otherwise, including the authority to disclaim a power of appointment.
- D. Trusts and Estates** – My Agent shall have the authority to amend, revoke, or terminate a revocable inter vivos trust, if authorized by the trust and consistent with my testamentary intent. My Agent shall have the authority to create an inter vivos trust for the purpose of minimizing federal or state taxes, provided my testamentary intent is honored. My Agent shall have the authority to create or change rights of survivorship and create or change a beneficiary designation. My agent may revoke or modify any revocable trust of which I am a Grantor to the full extent that such revocation or amendment could be made by me. My Agent shall have the authority to create an inter vivos trust for the purpose of becoming eligible for or maintaining benefits from federal or state governmental programs including, but not limited to, social security, Medicare or Medicaid. My agent shall have the authority regarding

benefits from government programs or civil or military services, including the authority to create and fund medical income assistance trusts (Miller Trusts) for the purpose of becoming eligible for or maintaining benefits from federal or state governmental programs including, but not limited to, social security, Medicare or Medicaid.

**E. Brokerage Accounts** – With respect to the management of my brokerage account(s), now existing or as may be established in the future, without limiting any powers of my Agent, my Agent shall have the following authority:

- i. To retain any current investment advisor or terminate same and if terminated my agent may retain another investment advisor;
- ii. If more than one individual is set forth above as my agent, each has the power to act independently of the other;
- iii. To open, maintain and close investment accounts;
- iv. To act on my behalf regarding all tax matters;
- v. To change payment options on accounts;
- vi. To apply for and make distributions from my account(s) including retirement accounts;

My Agent has all of the authority set forth above with respect to both retirement and non-retirement accounts.

**F. Mail** – My Agent shall have the authority to open, read, respond to, and redirect my mail; to enter any mailbox which I shall have hired, whether at a United States Post Office or elsewhere, and to surrender the box and terminate the lease; to sign for any certified or registered mail directed to me, and to execute any document required to forward my mail to any location.

**G. Beneficiary Designation** – My agent has authority with respect to any accounts with a beneficiary designation to name beneficiary(s) consistent with my other estate planning documents.

**H. Retirement Benefits** – My Agent shall have the authority to roll over any retirement benefits from my spouse to me, and to name my child(ren), if any, as beneficiary(s) of same per stirpes; if I have no child(ren), then to name my grandchild(ren) as beneficiary(s) of same, per stirpes; if I have no grandchild(ren), then to name as beneficiary(s) persons or entities consistent with my other estate planning documents.

**I. Homestead** – My Agent shall have the authority to convey or sell my homestead.

**J. Digital Assets** - My Agent shall have the power to access, handle, distribute, and dispose of my digital assets. Furthermore, my Agent shall have the power to obtain, access, modify, delete, and control my usernames, passwords, and any other electronic credentials related to my digital assets or digital devices.

For purposes of this Power of Attorney, "digital assets" shall include, but not be limited to, information created, generated, sent, communicated, received, or stored by electronic means on 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 as technology develops in addition to e-mail accounts, digital music files, digital photographs, digital videos, blogs, viogs, 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, affiliate programs stored on any media in any mode locally or remotely and any other digital media currently in existence or that may exist 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., corresponding state laws and the Iowa Uniform Fiduciary Access to Digital Assets Act as they may be amended or substituted from time to time.

#### **VII. Limitation on Authority**

An Agent that is not my ancestor, spouse, or descendant shall not use my property to benefit the Agent or a person to whom the Agent owes an obligation of support unless I have included that authority specifically.

#### **VIII. Compensation**

My Agent may receive reasonable compensation and reimbursement for all reasonable out-of-pocket expenses incurred as a result of carrying out the provisions of this Power of Attorney.

#### **IX. Accounting**

My Agent shall maintain complete and accurate records of all acts performed pursuant to this Power of Attorney, including accounting of all receipts and disbursements. Upon request by me, a conservator appointed for me, the personal representative of my estate, or the beneficiaries of my assets upon my death, my Agent shall allow inspection of these records.

#### **X. Nomination of Conservator and Guardian**

If it becomes necessary for a court to appoint a conservator of my estate or guardian of my person, I nominate the person(s) named in Section I as my Agent for appointment.

**XI. Severability**

Each provision of this Power of Attorney shall be considered separable, and if for any reason any of the provisions of this Power of Attorney are determined to be invalid or contrary to any existing or future law, the invalidity of such provision or provisions shall not affect or impart the operation of those portions of this Power of Attorney that remain valid.

**XII. Headings**

The headings of the sections and subsections herein are for convenience only and shall not have any effect on the terms or provisions of this Power of Attorney.

**XIII. Applicable Law**

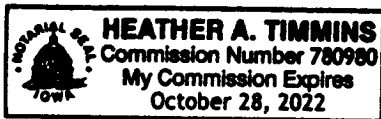
This Power of Attorney shall be governed and construed in accordance with the Iowa Uniform Power of Attorney Act, Chapter 633B of the Code of Iowa, as amended, and the laws of the state of Iowa.

Dated October 22, 2020.

Elizabeth Woods  
Elizabeth A. Woods

STATE OF IOWA, POLK COUNTY, ss:

On this 22 day of October, 2020, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Elizabeth A. Woods 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.



Heather Timmins  
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:

- a. 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.
- b. Act in good faith.
- c. Do nothing beyond the authority granted in this power of attorney.
- d. 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:

Elizabeth Woods (principal's name) by  
[Signature] (your signature) as Agent

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

- a. Act loyally for the principal's benefit.
- b. Avoid conflicts that would impair your ability to act in the principal's best interest.
- c. Act with care, competence, and diligence.
- d. Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.
- e. 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.
- f. 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:

- a. Death of the principal.
- b. The principal's revocation of the power of attorney or your authority.
- c. The occurrence of a termination event stated in the power of attorney.
- d. The purpose of the power of attorney is fully accomplished.
- e. 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.