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Pages 8

County Recording Fee: \$42.00

Iowa É-Filing Fee: \$3.00 Combined Fee: \$45.00

Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

POWER OF ATTORNEY COVER PAGE

Prepared by: James L Johnson James Johnson Law, PLC 2600 Westown Pkwy, Ste. 230 West Des Moines, IA 50266

Return to: GreenState Credit Union ATTN: Mortgage Servicing 2355 Landon Road North Liberty, IA 52317

FROM:

Michael J. Hayes

TO:

Michelle A. Kittleson

Legal Description: See Exhibit "A"

IOWA STATUTORY POWER OF ATTORNEY

1. POWER OF ATTORNEY

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including but not limited to your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B.

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is not entitled to compensation unless you state otherwise in the optional Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a coagent in the optional Special Instructions. Coagents must act by majority rule unless you provide otherwise in the optional Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately upon signature and acknowledgment unless you state otherwise in the optional Special Instructions.

If you have questions about this power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, Michael J. Hayes, name the following person as my agent:

Name of Agent:

Michelle A. Kittleson

Agent's Address:

1700 Killarney Dr. Holt, Michigan 48842

Agent's Telephone Number:

253-653-0681

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my first successor agent:

Name of Successor Agent:

Shannon R. Hayes

Agent's Address:

201 21st St. S.W.

Agent's Address.

Altoona, Iowa 50009

Agent's Telephone Number:

515-202-4117

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B:

(<u>Initial each subject</u> you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects"

instead of initialing each subject.)
Real Property
Tangible Personal Property
Stocks and Bonds
Commodities and Options
Banks and Other Financial Institutions
Operation of Entity or Business
Insurance and Annuities
Estates, Trusts, and Other Beneficial Interests
Claims and Litigation
Personal and Family Maintenance
Benefits from Governmental Programs or Civil or Military Service
Retirement Plans
Taxes
All Preceding Subjects
GRANT OF SPECIFIC AUTHORITY (OPTIONAL)
My agent shall not do any of the following specific acts for me unless I have initialed the
specific authority listed below:
(Caution: Granting any of the following will give your agent the authority to take actions
that could significantly reduce your property or change how your property is distributed at
your death. Initial only the specific authority you WANT to give your agent.)
Amend, revoke, or terminate a revocable inter vivos trust, if authorized by the trust.
Agree to the amendment or termination of any other inter vivos trust.
Make a gift to an individual who is not an agent, subject to the limitations of the
Jowa Uniform Power of Attorney Act, Iowa Code section 633B.217, and any special
instructions in this power of attorney.
Make gifts, either direct or indirect, to my agent acting under this power of attorney as
follows:
Any such gift must be approved in writing by; or No third party approval is needed. Authorize another person to exercise the authority granted under this power of
Authorize another person to exercise the authority granted under this power of
attorney.
Waive the principal's right to be a beneficiary of a joint and survivor annuity,
including a survivor benefit under a retirement plan.
Exercise fiduciary powers that the principal has authority to delegate.
Disclaim or refuse an interest in property, including a power of appointment.
a positioner.

LIMITATION ON AGENT'S 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 in the optional Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instruction	as on the following lines:
accounting of any agent.	shall have the authority to request an

EFFECTIVE DATE

This power of attorney is effective immediately upon signature and acknowledgment unless I have stated otherwise in the optional Special Instructions.

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 terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Michael J. Haves

November 4, 2020

2450 Settlers Trail St. Charles, Iowa 50240 515-822-8547

STATE OF IOWA

COUNTY OF POLK

This document was acknowledged before me this November 4, 2020, by Michael J. Hayes.

JAMES L JOHNSON
Commission Number 805162
My Commission Expires
July 3, 2023

Signature of Notary Public

This document prepared by James Johnson Law, PLC, 2600 Westown Pkwy. - Suite 230, West Des Moines, Iowa 50266.

2. 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: "Michael J. Hayes by 'Agent's Name' as Agent."

Unless the 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 purpose of the power of attorney is 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 the 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.

EXHIBIT A

Parcel "K": All of Parcel "A" recorded in Farm Plat Book 002, Page 591 and that part of Parcel "B" recorded in Farm Plat Book 2, Page 465 of the Southwest Quarter of the Northeast Quarter (SW 1/4 NE 1/4) and the North Half of the Southeast Quarter (N 1/2 SE 1/4) of Section 18, Township 75 North, Range 26, West of the 5th P.M., Madison County, Iowa, described as follows: Beginning at the center of said Section 18, thence North 00°03'22" East, 490.85 feet along the West line of said SW 1/4 NE 1/4 to a corner of said Parcel "A"; thence South 89°57'27" E, 430.05 feet to a corner of said Parcel "A"; thence North 00°00'06" East, 357.78 feet to a corner of said Parcel "A"; thence South 89°57'44" East, 889.82 feet to a corner of said Parcel "A" with said point also being on the East line of said SW 1/4 NE 1/4; thence South 00°35'43" West, 753.11 feet to the Southeast corner of said SW 1/4 NE 1/4, said point also being a corner of said Parcel "A" and said Parcel "B"; thence North 85°47'02" East, 454.86 feet along the North line of said Parcel "B" to a corner of Parcel "I" recorded in Book 2019, Page 355; thence South 00°35'42" West, 546.76 feet along the West line of said Parcel "I"; thence South 85°52'32" West, 305.47 feet; thence North 78°55'30" West, 816.35 feet to a West line of said Parcel "B"; thence North 00°16'47" East, 331.12 feet to a corner of said Parcel "B", said point also being on the South line of said SW 1/4 NE 1/4, thence South 85°52'31" West, 657.97 feet to the Point of Beginning, having an area of 32.57 Acres, including 1.16 Acres of road easement AND Parcel "B" in the Southeast Quarter (SE 1/4) of Section 18, Township 75 North, Range 26, West of the 5th P.M., Madison County, Iowa, per Plat of Survey filed May 12, 1994 in Book 2, Page 465 of the Madison County, Iowa, Recorder's Office, EXCEPT that part of Parcel "I" located in said SE $^{1}/_{4}$, per Plat of Survey filed January 25, 2019 in Book 2019, Page 355 of the Madison County, Iowa, Recorder's Office AND EXCEPT that part of Parcel "K" located in said SE 1/4 per Plat of Survey filed July 30, 2020 in Book 2020, Page 2751 of the Madison County, Iowa, Recorder 's Office.