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INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

Preparer In	rg, 100 Court Ave. Ste. 600 Des Moines, IA 50309, PH:515-246-033 aformation: (Individual's Name, Street Address, City, Zip, Phone)
	, 2512 Victory Ln., St. Charles, IA 50240
Taxpayer Infori	mation: (Individual/Company Name, Street Address, City, Zip, Phone)
√ Brenda Stanton, 94	118 Beliflower Ln., Norwalk, IA 50211
	nent to: (Individual/Company Name, Street Address, City, Zip, Phone)
Type of Document:	POA
Grantors:	Grantees:
Brandon S. Stanton	Brenda Stanton
Diamagn of Canton	
	for Legal Description:
	for Legal Description:

Book & Page Reference:

R. Charles Bottenberg, Attorney

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, BRANDON S. STANTON, name the following person as my agent:

Name of Agent: BRENDA STANTON

Agent's Address: 9418 Bellflower Lane, Norwalk, IA 50211

Agent's Telephone Number: (515) 480-7323

DESIGNATION OF SUCCESSOR AGENT

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

Name of Successor Agent: JAKE HERRING

Successor Agent's Telephone Number: (402) 881-7632

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:

(Initial each subject you want to include in the agent's general authority grant general authority over all of the subjects you may initial "All Prec	
instead of initialing each subject.)	0 3
Real Property	
Tangible Personal Property	
Stocks and Bonds	
Commodities and Options	
Banks and Other Financial Institutions	
Operation of Entity or Business	
Inguinage and Annuities	
Estates, Trusts, and Other Beneficial Interests Claims and Litigation	
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 h specific authority listed below:	ave initialed the
(Caution: Granting any of the following will give your agent the authority that could significantly reduce your property or change how your property your death. Initial only the specific authority you WANT to give your age Amend, revoke, or terminate a revocable inter vivos trust, if authority 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 limitate Uniform Power of Attorney Act, Iowa Code section 633B.217, and any specin this power of attorney.	v is distributed at ent.) zed by the trust. t. tions of the Iowa ecial instructions
Make gifts, either direct or indirect, to my agent acting under this power follows:	r of attorney as
Any such gift must be approved in writing by No third party approval is needed. Authorize another person to exercise the authority granted unde	; or
attorney.	i uns power or
·	.
Waive the principal's right to be a beneficiary of a joint and si including a survivor benefit under a retirement plan.	m vivor annuity,
	_
Exercise fiduciary powers that the principal has authority to delegate	
Disclaim or refuse an interest in property, including a power of appo	ment.

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.

EFFECTIVE DATE

This Power of Attorney is effective immediately upon signature and is not impacted by my disability.

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	1.100
Bur and	6/20
Your Signature Date	
BRANDON S. STANTON	
Your Name Printed	
9418 Bellflower Lane, Norwalk, IA 50211	
Your Address	
(515) 401-6021	
Your Telephone Number	
NOTARY PUBLIC FORM	
) STATE OF IOWA	
SS:)	
) COUNTY OF Madison	
This instrument was acknowledged before me on this $6+6$ day of July, 2025 STANTON.	2, by BRANDON S.

Commission Number 826052
My Commission Expires