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BRANDY MACUMBER. COUNTY RECORDER  
MADISON COUNTY IOWA

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**IOWA STATUTORY POWER OF ATTORNEY**  
**THE IOWA STATE BAR ASSOCIATION**  
Official Form No. 120  
**Recorder's Cover Sheet**

**Preparer Information:** Amy S. Beattie, 6701 Westown Parkway, Suite 100  
West Des Moines, IA 50266

**Taxpayer Information:** (name and complete address)

**Return Document To:** Amy S. Beattie, 6701 Westown Parkway, Suite 100  
West Des Moines, IA 50266

**Grantors:** Gary A. Cox

**Grantees:** Ester Mae Cox

**Legal Description:**

**Document or instrument number of previously recorded documents:** See Page 2



## 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, Gary Allen Cox, name the following person as my agent:

Name of Agent: Ester Mae Cox

Agent's Address: 2330 265<sup>th</sup> Street, Peru, IA 50222-8299

Agent's Telephone Number: 515-468-1281

### 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: Cheryl Paine

Successor Agent's Address: 8844 Scarlet Drive, West Des Moines, IA 50266-3322

Successor Agent's Telephone Number: 515-778-3549

## 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. 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

*hac*

### EFFECTIVE DATE

This power of attorney is effective immediately upon signature and acknowledgment.

### 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

*Gary Cox*

Your Signature

Gary Allen Cox

Your Name Printed

2330 265th Street

Peru, IA 50222-8299

Your Address

(515) 468-1281

Your Telephone Number

*9-1-23*

Date

*5*

STATE OF IOWA, COUNTY OF Dallas  
This document was acknowledged before me on 9-01-2023, by  
Gary Allen Cox.

Nancy L Thornton  
Signature of Notary Public



## 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:  
Gary Allen Cox by Ester Mae Cox 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.