

Document 2023 2518

Book 2023 Page 2518 Type 06 008 Pages 6 Date 10/12/2023 Time 2:50:45PM

Rec Amt \$32.00

INDX ANNO SCAN

BRANDY MACUMBER, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

RECORDER'S COVER SHEET IOWA STATUTORY POWER OF ATTORNEY

Preparer Information: Mark L. Smith, 101 1/2 W. Jefferson, Winterset, IA 50273, Phone: 515-462-3731

Taxpayer Information: Charles C. Berry and Helen E. Berry, 809 W. Mills Street, Winterset, IA 50273

Return Document To: Mark L. Smith, 101 1/2 W. Jefferson, Winterset, IA 50273

Grantors: Charles C. Berry

Grantees: See page 2

Legal Description:

Document or instrument number if applicable:



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

1, _	Charles C. Berry, name the following person as my agent:					
	Helen E. Berry, 809 W. Mills Street, Winterset, IA 50273 (515) 462-4667;					
	Name Address and Telephone Number of Agent					
	DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)					
If	my agent is unable or unwilling to act for me, I name as my successor agent:					
	Stephen C. Berry, 1427 W. Washington, Winterset, IA 50273 (515) 468-1777;					
	Name Address and Telephone Number of Successor Agent					

If my successor agent is unable or unwilling to act for me, I name as my second successor agent: Randy A. Berry, 983 305th Street, Winterset, IA 50273 (515) 975-3980;

Name Address and Telephone Number of Second Successor Agent

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 **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 Iowa 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

No third party approval is needed.

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

Charles C Bury		March 31, 2020 Date	_
Your Signature		Date	
Charles C. Berry			
Your Name Printed			
809 W. Mills Street, Winterse	et, IA 50273		
Your Address			
(515) 462-4667			
Your Telephone Number			
STATE OF,			
This document was acknowledged	l before me on _	March 3) , 2070 , by	Charles C. Berry
G. STEPHEN WALTERS Commission Number 144891 My Commission Expires October 1, 2020	Á Số	gnature of Notary Public	•
This document prepared by G. Steph	en Walters, 101	1/2 W. Jefferson, PO Box 230, V	Vinterset, Iowa
50273 2. IMPORTANT INFORMATION	FOR AGENT		
	AGENT'S	DUTIES	
is created between the principal and until you resign or the power of attor. Do what you know the principal's ex Act in good faith. Do nothing beyond the author Disclose your identity as an a	you. This relation ney is terminated ipal reasonably of pectations, act in the rity granted in the agent whenever	d or revoked. You must do all of expects you to do with the principal in the principal's best interest. This power of attorney. The principal by writing the principal by	the following: pal's property or,
name of the principal and signing you		_	&
Charles C. Berry	by	Helen E. Berry	as Agent.

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

Charles C Bury		March 31, 7020	_
Your Signature		March 31, 2020 Date	
Charles C. Berry			
Your Name Printed			
809 W. Mills Street, Winters	set, IA 50273		
Your Address			
(515) 462-4667			
Your Telephone Number			
STATE OF <u>IOWA</u> ,	, COUNTY OF _	MADISON	
This document was acknowledge	d before me on _	March 31, 2070, by	Charles C. Berry
		11 - 12	•
G. STEPHEN WAITED	Á	Styl - Zatha	
Commission Number 144891	Si	gnature of Notary Public	
October 1, 2020			
This document prepared by G. Stepl	hen Walters, 101	1/2 W. Jefferson, PO Box 230, V	Vinterset, Iowa
50273			
2. IMPORTANT INFORMATION	N FOR AGENT		
	AGENT'S I	DUTIES	
When you accept the authori	ty granted under t	this power of attorney, a special	legal relationship
is created between the principal and	· =	- · · · ·	•
until you resign or the power of attor	-		
	-	xpects you to do with the princi	_
if you do not know the principal's ex			por a property ar,
Act in good faith.	-p	principal of out miles	
Do nothing beyond the autho	rity granted in thi	s power of attorney.	
		ou act for the principal by writing	ng or printing the
name of the principal and signing yo			
		Helen E. Berry	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.