



Document 2024 1484

Book 2024 Page 1484 Type 06 017 Pages 7

Date 6/26/2024 Time 10:21:26AM

Rec Amt \$37.00

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BRANDY MACUMBER, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

Return to James D. Beatty, 2700 Westown Pkwy.#310, West Des Moines, IA 50266  
Prepared by James D. Beatty, 2700 Westown Pkwy., #310, West Des Moines, IA 50266, (515) 225-1100  
AT0000730


STATE OF IOWA )  
)SS:  
COUNTY OF POLK )

**CERTIFICATION OF PHYSICIAN  
AS TO DISABILITY**

I, Julia Farruggia, M.D., being first duly sworn on oath, depose and state that I am a Physician with an office address of 6400 Hickman Road, Windsor Heights, IA 50324, and do hereby state as follows:

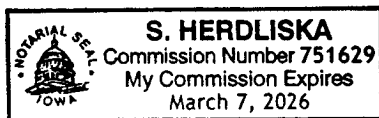
1. I am a physician for Iona M. Van Vleet, and I am familiar with her current medical condition.
2. That in my professional opinion, Iona M. Van Vleet is disabled and is unable to handle her own financial affairs and implement same.
3. That this Certification is made for the purpose of certifying that Iona M. Van Vleet is disabled and that her Iowa Statutory Power of Attorney, (dated March 3, 2023), a copy of which is attached hereto, has now become effective due to the disability of Iona M. Van Vleet.
4. That the undersigned affirms under the penalty of perjury that this Certification is true and correct.

Signed this 20 day of June 2024.

  
Julia Farruggia, M.D.

Subscribed and sworn to before me this 20 day of June, 2024.

  
Notary Public in and for the State of Iowa



**Return Document to:** James D. Beatty, Beatty & Miller, P.C., 2700 Westown Pkwy., #310, West Des Moines, Iowa, 50266

**Prepared by:** James D. Beatty, Beatty & Miller, P.C., 2700 Westown Pkwy., #310, West Des Moines, Iowa, 50266

## 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, Iona M. Van Vleet, name the following person as my agent:

Name of Agent: Richard C. Van Vleet, my spouse

Agent's Address: 3409 Eula Drive, Urbandale, Iowa, 50322

Agent's Telephone Number: 515-371-1280

*I m U*

## DESIGNATION OF SUCCESSOR AGENTS

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

Name of Successor Agent: Lori M. Jerome, my daughter

Successor Agent's Address: 1573 NW 104<sup>th</sup> Street, Clive, Iowa 50325

Successor Agent's Telephone Number: 515-238-1566

## 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, in any amount, either direct or indirect, to my spouse, and said gifts shall not be subject to the limitations of the Iowa Uniform Power of Attorney Act, Iowa Code Section 633B.217, and no third party approval is needed.

\_\_\_\_\_ Make gifts to such religious, educational, scientific, charitable or other nonprofit organizations to whom or to which I have an established and consistent pattern of life-time giving, 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.

J M U Make gifts to Lori M. Jerome, my daughter, Lance R. Van Vleet, my stepson and Tracy S. Van Vleet, my stepdaughter, 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. In the event that my daughter, Lori M. Jerome is acting as my agent, any and all gifts made by her to Lance R. Van Vleet and /or Tracy S. Van Vleet and/or Lori M. Jerome, shall be approved unanimously by Lance R. Van Vleet, Tracy S. Van Vleet and Lori M. Jerome.

\_\_\_\_\_ 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.

### **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**

Any conservator appointed for Iona M. Van Vleet or the executor of her estate, shall have the authority to request an accounting of any agent.

I hereby revoke all prior Powers of Attorney for financial decisions.

This Power of Attorney shall become effective upon written certification by my physician that I am incapacitated to the extent that my decision making capacity is so impaired that I am unable to make, communicate, or carry out important decisions concerning my financial affairs, and shall continue in effect until my death; provided, however, that this Power of Attorney may be revoked at any time by written notice from me to my Agent.

My agent shall have the specific authority to establish a Miller Trust for me if needed to make me eligible for Medicaid benefits.

My agent shall have the specific authority to transfer, assign, convey, and deliver any real or personal property in which I may have or own an interest to the Trustee of any revocable trust created by me, if such trust is in existence at the time, notwithstanding the fact that my Agent, or his or her spouse, descendants, heirs or assigns, may be the (a) Trustee or successor Trustee of any such trust, (b) beneficiary of any such trust; or (c) holder of any special or general power of appointment created under such trust.

My Agent shall have the power to access, handle, modify, utilize, 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 files stored on my digital devices. For purposes of this Power of Attorney, "digital devices" shall mean 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, vlogs, 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 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, as they may be amended or substituted from time to time.

If any person's authority under the instrument is dependent upon any determination that I am unable properly to manage my affairs, then any physician attending me or otherwise requested by my Agent to determine my incapacity, and any other person or entity in possession of any of my "protected health information", as contemplated by the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), is hereby authorized and directed to disclose my protected health information to my Agent to the extent necessary, and only to the extent necessary, for my Agent to determine whether an event of incapacity has occurred hereunder. Any limitation on protected health information to be disclosed hereunder shall have no effect upon any rights to such information any Agent may have under any Durable Power of Attorney for Health Care or to other instrument granting access to such information.

My agent shall have the specific authority to relinquish all of my spousal rights of dower, homestead and distributive share.

**EFFECTIVE DATE**

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

**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 following person for appointment:

Name of Nominee for Conservator of my Estate: Richard C. Van Vleet  
Nominee's Address: 3409 Eula Drive, Urbandale, Iowa, 50322  
Nominee's Telephone Number: 515-371-1280



Name of Nominee for Guardian of my Person: Richard C. Van Vleet  
Nominee's Address: 3409 Eula Drive, Urbandale, Iowa, 50322  
Nominee's Telephone Number: 515- 371-1280

### 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

*Iona M. Van Vleet*

3-3-23

Your Signature

Date

Iona M. Van Vleet

Your Name Printed

3409 Eula Avenue, Urbandale, Iowa, 50322

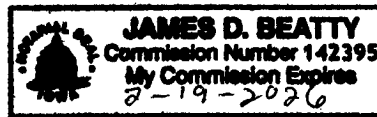
Your Address

515-371-1280

Your Telephone Number

STATE OF IOWA, COUNTY OF POLK

This record was acknowledged before me this 3<sup>rd</sup> day of March, 2023, by  
Iona M. Van Vleet.



*James D. Beatty*  
Signature of Notary Public

This document prepared by James D. Beatty, 2700 Westown Parkway, Suite 310,  
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: Iona M. Van Vleet by Richard C. Van Vleet, 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.