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BRANDY MACUMBER, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

Power of Attorney

Title of Document (on/above line)

**PREPARER INFORMATION:**

(name, address, phone number)

Diane Koch  
2250 105<sup>th</sup> St, Van Meter, IA 50261  
515-205-7894

**TAXPAYER INFORMATION:**

(name and mailing address)

**RETURN DOCUMENT TO:**

(name and mailing address)

Diane Koch  
2250 105<sup>th</sup> St  
Van Meter, IA 50261

**GRANTOR:**

(name) Peggy J. Eichner

**GRANTEE:**

(name) Diane K. Koch

**633B.301 Power of attorney — form.**

A document substantially in the following form may be used to create a statutory power of attorney that has the meaning and effect prescribed by this chapter:

**IOWA STATUTORY POWER OF ATTORNEY FORM 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, Peggy Jean Eichner name the following person as my agent:  
Diane K. Koch of Van Meter, Iowa.**

## 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:

- ☐ 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

**XXX All Preceding Subjects**

## SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

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\_\_\_\_\_ shall have the authority to request an accounting of any agent.

## EFFECTIVE DATE

This power of attorney is effective immediately upon signature and acknowledgment unless I have stated otherwise in the optional Special Instructions. The agent's authority will continue until I die or revoke this power of attorney in writing or the agent resigns or is unable to act for me. The agent shall receive no compensation except for expenses.

## 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

Peggy Eichner 12-16-24

Your Signature

Date

Peggy Eichner

Your Name Printed

805-SE Tallgrass Ln #602

Waukegan, IL 60083

Your Address

State of Iowa

County of Madison

This document was acknowledged before me on

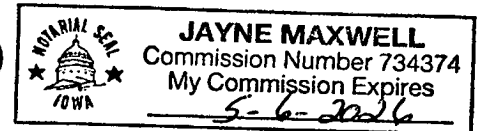
12-16-2024

(date), by Peggy Eichner (name of  
principal)

Jayne Maxwell

Signature of Notary

(Seal)



My commission expires 5-6-2026

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## 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:

Peggy J. Eichner by

Diane K. Koch 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.

#### 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.

2014 Acts, ch 1078, §43