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LISA SMITH RECORDER Madison County, Iowa

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IOWA STATUTORY POWER OF ATTORNEY

THE IOWA STATE BAR ASSOCIATION Official Form #120 Recorder's Cover Sheet

Preparer Information: (Name, address and phone number)

Unes J. Booth, 122 West Jefferson Street, Osceola, IA 50213, Phone: (641) 342-2619

Taxpayer Information: (Name and complete address) Leslie C. Kropp, 510 N. 1st Avenue, Winterset, IA 50273

Return Document To: (Name and complete address)

Unes J. Booth, 122 West Jefferson Street, Osceola, IA 50213, Phone: (641) 342-2619

Grantors:

Leslie C. Kropp

Grantees:

James M. Kropp

Legal description:

Document or instrument number of previously recorded documents:

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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, _	Leslie C. Kropp , name the	following	perso	n as my	agent:
	Name of Agent James M. Kropp				
	Agent's Address 510 N. 1st Avenue, Winterset, IA 50273				
	Agent's Telephone Number (515)975-2290				

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent: Name of Successor Agent Cynthia J. Bortell and Robert W. Kropp, jointly Successor Agent's Address Winterset, IA and Des Moines, respectively Successor Agent's Telephone Number (515)462-3956

The lowe State Bar Association 2014

120 - lowa Statutory Power of Attorn

Revised June 201



	ny successor agent is unable or unwilling to act for me, I name as my second successor
agent	
	Name of Second Successor Agent
ì	Second Successor Agent's Address
	Second Successor Agent's Telephone Number
	GRANT OF GENERAL AUTHORITY
the fo	rant my agent and any successor agent general authority to act for me with respect to llowing subjects as defined in the lowa Uniform Power of Attorney Act, Iowa Code er 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)
	agent shall not do any of the following specific acts for me unless I have initialed the
specif	ic authority listed below:
	(Caution: Granting any of the sewing will a your agent the authority to take actions
	that could significantly reduce property is change how your property is distributed
	at your death. Initial only the specific average way you WANT to give your agent.)
	Amend, revoke, or terminate ocable inter vivos trust, if authorized by the
:	trust.
	Agree to the amendment of the point of any other inter vivos trust. Make a gift to an individual who is the agent, subject to the limitations of the lowar Uniform Power of Attack, Act, Ioward e section 633B.217, and any special instructions in this power, and orney.



	Make gifts, either direct or it set, to my agent g under this power of attorney as
	follows: Any such gift must be apply to (in writingly;
	or
	No third party approval is need
	Authorize another person to example authority granted under this power of
	attorney.
	Waive the principal's right are a larger clary of a joint and survivor annuity,
	including a survivor benefit und
	Exercise fiduciary power at the principal authority to delegate.
	Disclaim or refuse ar each est in property, in a g a power of appointment.
	LIMITATION ON AGENT'S AUTHORITY
Ar	agent that is not my ancestor, spouse, or descendant shall not use my property to
	it the agent or a person to whom the agent owes an obligation of support unless I have
ncluc	led that authority in the optional Special Instructions.
٠	SPECIAL INSTRUCTIONS (OPTIONAL)
Ϋ́c	ou may give special instructions on the following lines:
N/A	
Ň/A	
	have the authority to request an accounting or any agent.
	EFFECTIVE DATE
	nis power of attorney is effective immediately upon signature and acknowledgment
	nis power of attorney is effective immediately upon signature and acknowledgment s I have stated otherwise in the optional Special Instructions.
	s I have stated otherwise in the optional Special Instructions.
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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

listi	C. Kings		July 28, 2	015
Your Sig	nature		Date	
Leslie C	. Kropp			
Your Na	me Printed			
510 N. 1	st Avenue, Winterse	et, , Iowa 50273		
Your Ad (515) 97	•			•
Your Te	lephone Number			
STATE OF	IOWA ent was acknowled	, COUNTY OF _ dged before me this	CLARKE 28th day of	 July . 2015 ,
by Leslie C. Kro				
IN A Elcan	UNES J BOOTH mission Number 165544 y Commission Expires June 26, 2016	Signar <i>U</i>	ture of Notary Pub	lic
This document	prepared by Unes	J. Booth, 122 West J	efferson Street, Osc	eola, IA 50213, Phone:

2. IMPORTANT INFORMATION FOR AGENT

(641) 342-2619

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:

Leslie C. Kropp by James M. Kropp 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 lowa Uniform Power of Attorney Act, lowa 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.