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LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

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GENERAL POWER OF ATTORNEY Recorder's Cover Sheet

Preparer's Information:

Lawrence P. Van Werden, 200 W. Jefferson, P.O. Box 199, Osceola, IA 50213, Phone: (641) 342-2157

Taxpayer Information: (Name and complete address)

Howard L. Raber, 2133 195th Street, Winterset, IA 50273

Return Document to: (Name and complete address)

Lawrence P. Van Werden, 200 W. Jefferson, P.O. Box 199, Osceola, IA 50213, Phone: (641) 342-2157

Grantors:

Grantees:

Donna I. Raber

Howard L. Raber

Legal Description: N/A



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 lowa Uniform Power of Attorney Act, lowa 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

l, _	Donna I. Raber	, name the following person as my agent:		
	Name of Agent my husband, Howard L. Raber			
	Agent's Address 2133 195th Street, Winterset,	IA 50273		
	Agent's Telephone Number (515) 462-3608;	(515) 480-5535		

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 my children, Eric A. Raber & Diane K. Bales, ACTING JOINTLY Successor Agent's Address Earlham, Iowa and Pella, Iowa, respectively

Successor Agent's Telephone Number (515) 758-2037 & (641) 780-2718, respectively

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

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.)

 $\underline{\text{N.A.}}$ Amend, revoke, or terminate a revocable inter vivos trust, if authorized by the trust.

N.A. Agree to the amendment or termination of any other inter vivos trust.

N.A. Make a gift to an individual who is not an agent, subject to the limitations of the lowa 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:
N.A. Any such gift must be approved in writing byN.A.
or ·
No third party approval is needed.
N.A. 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 (OPTIONAL)
You may give special instructions on the following lines:
My agent, if it is my husband, Howard L. Raber, may make gifts or transfer of any of my property to
himself or otherwise to benefit himself.
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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.

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Your Signature	~	Date		
Donna I. Raber				
Your Name Printed	•			
2133 195th Street, Winte	rset, IA 50273			
Your Address		1	·	T.e.
(515) 462-3608				
Your Telephone Numb	er			
STATE OF IOWA This document was acknown	, COUNTY O	F <i>Madi's o</i> this <u>8</u> day of _	n October	<u>, 2015</u> ,
by Donna I. Raber				•
L. P. VAN W commission Num My Commission January 09,		gnature of Notary	Witden Public	
This document prepared by L	awrence P. Van Werd	den, 200 W. Jeffers	on St., Osceola	, IA 50213,

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.

Phone: (641) 342-2157

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:

Donna I. Raber by Howard L. Raber 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.