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**Revenue Tax:** 

LISA SMITH RECORDER Madison County, Iowa



## 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 W. Jefferson, Osceola, IA 50213, Phone: (641) 342-2619

Taxpayer Information: (Name and complete address)
James LeRoy Myers, 3273 Madison Clarke Ln, Truro IA 50257

Return Document To: (Name and complete address)
James LeRoy Myers, 3273 Madison Clarke Ln, Truro IA 50257

**Grantors:** 

James LeRoy Myers

Grantees:

Dorothy Lucille "Dee" Myers

Legal description:

Document or instrument number of previously recorded documents:



## 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.

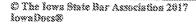
If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

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,	James LeRoy Myers, name the following person as my agent:	
	Dorothy Lucille "Dee" Myers, 3273 Madison Clarke Ln, Truro, IA 50257 (641) 414-2209	
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:		
	Timothy Adrian Myers, 1191 Truro Pavement, Osceola, IA 50213, 515.360.5677	
	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:

Sasha Myers, 211 S Maple St, Davis City, IA 50065-9798, 641.414.9482

Name Address and Telephone Number of Second Successor Agent

### GRANT OF GENERAL AUTHORITY

THE REAL PROPERTY AND
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.)
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
11m 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 follow will give y gent the authority to take actions that
could significantly reduce your property is distributed at your
death. Initial only the specific authority y ( ) ( ) give your agent.)
Amend, revoke, or terminate a revocate vivos trust, if authorized by the trust.
Agree to the amendment or terminative other inter vivos trust.
Make a gift to an individual who with a subject to the limitations of the Iowa
Uniform Power of Attorney Act, Iow de section 33B.217, and any special instructions in
this power of attorney.
Make gifts, either direct or indirect, or my agent acting more this power of attorney as follows:
Any such gift must be approved in writing by; or
No third party approval is needed.

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:			
I hereby revoke all general or plenary powers of attorney previously executed, excluding powers of			
attorney described in Iowa Code section 633B.103, and excluding powers of attorney limited to a			
specific and identifiable action or transaction, which action or transaction is still capable of			
performance but has not yet been fully accomplished by the agent.			
*holl-bevxtkxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			
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 (OPTIONAL)			
If it becomes necessary for a court to appoint a conservator of my estate or guardian of my person, I nominate the following person(s) for appointment:			
Name Address and Telephone Nominee for Conservator of My Estate			
Name Address and Telephone Nominee for Guardian of My Person			

# 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

<u>Jama I. Mylia</u> Ybur Signature	September 18, 2017
Your Signature	Date
James LeRoy Myers	
Your Name Printed	
3273 Madison Clarke Ln, Trurc	o, IA 502557
Your Address	
<u>(641) 414-2213</u>	
Your Telephone Number	
STATE OF, CO	DUNTY OFCLARKE
	efore me on September 18, 2017 , by James LeRoy
1-4,4 Commission Wimper 182244 NNES 180044	Annual Management of the second secon
A Commission Number Control	Signature of Notary Public
1 NA COURT SE' 3010	Sider particular and the second secon
This document prepared by <u>Unes J. Borada 342-2619</u> 2. IMPORTANT INFORMATION F	oth, 122 W. Jefferson, Osceola, IA 50213, Phone: (641)  OR AGENT
	AGENT'S DUTIES
is created between the principal and you until you resign or the power of attorney Do what you know the principal if you do not know the principal's expect Act in good faith.  Do nothing beyond the authority Disclose your identity as an agentame of the principal and signing your or the principal and your or the princ	ranted under this power of attorney, a special legal relationship  1. This relationship imposes upon you legal duties that continue  2 is terminated or revoked. You must do all of the following:  3 reasonably expects you to do with the principal's property or,  3 ctations, act in the principal's best interest.  4 granted in this power of attorney.  5 at whenever you act for the principal by writing or printing the  6 your name as agent in the following manner:  6 your down this power of attorney as Agent.
SWARD AND THEY WEE	y where the tree streets 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.