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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 West Jefferson Street, Osceola, IA 50213, Phone: (641) 342-2619

**Taxpayer Information: (Name and complete address)**LaVonne B. Myers, 716 E. Filmore, 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:

LaVonne B. Myers

Grantees:

Robert L. Downey

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,	LaVonne B. Myers, name the following person as my agent:					
	Robert L. Downey, 1355 E. Cactus Bloom, Casa Grande, AZ 85122 (760) 212-2430.					
	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:						
	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:					
 XI	ame Address and Telephone Number of Second Successor Agent					
£ <b>%</b> 3	ame Address and Telephone Number of Second Successor Agent					
	GRANT OF GENERAL AUTHORITY					
following (I	at my agent and any successor agent general authority to act for me with respect to the subjects as defined in the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B: nitial each subject you want to include in the agent's general authority. If you wish to grant emeral authority over all of the subjects you may initial "All Preceding Subjects" instead of itialing 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					
L.	Retirement Plans Taxes  All Preceding Subjects  GRANT OF SPECIFIC AUTHORITY (OPTIONAL)					
authority (C co de ———————————————————————————————————	ent shall not do any of the following specific acts for me unless I have initialed the specific listed below:  aution: Granting any of the ving live your agent the authority to take actions that uld significantly reduce your ath. Initial only the specific authority to give your agent.)  Amend, revoke, or terminate libe inter vivos trust, if authorized by the trust.  Agree to the amendment or libe inter vivos trust, if authorized by the trust.  Make a gift to an indivious hour agent, subject to the limitations of the Iowa niform Power of Attorney lowa Cot lition 633B.217, and any special instructions in its power of attorney.  ake gifts, either direct or indirect, to my agent acting under 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 the right the right the principal's right the right that					
survivor benefit under a retirement					
Exercise fiduciary powers that the circle in authority to delegate.					
Disclaim or refuse an intercent porty, 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.					
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.					
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 applications:					
Name Address and Telephone Nominee for Company to of My Estate					
Name Address and Telephone Noming Guardian Person					
Semilar to the semila					

## 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					
2004110 Jamanlara myles	<u>April 20, 2018</u>				
Your Signature	Date				
LaVonne B. Myers					
Your Name Printed					
334 NW View Drive, Osceola, IA 50213					
Your Address					
Your Telephone Number					
STATE OF IOWA, COUNTY OF	CLARKE				
This document was acknowledged before me on		, by <u>LaVonne Myers</u>			
		Millianian d			
Sign	ature of Notary Public				
This document prepared by Unes J. Booth, 122 West Jo (641) 342-2619	efferson Street, Osceola,	IA 50213, Phone:			
2. IMPORTANT INFORMATION FOR AGENT					
AGENT'S DI	JTIES				
When you accept the authority granted under the is created between the principal and you. This relations until you resign or the power of attorney is terminated of Do what you know the principal reasonably exp	hip imposes upon you le r revoked. You must do	egal duties that continue all of the following:			
if you do not know the principal's expectations, act in the	•				
Act in good faith.					
Do nothing beyond the authority granted in this	•				
Disclose your identity as an agent whenever you					
name of the principal and signing your own name as ago	~				
LaVonne B. Myers by	Robert L. Downey	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.