Recorded: 8/23/2023 at 1:20:25.0 PM

County Recording Fee: \$22.00 Iowa E-Filing Fee: \$3.00 Combined Fee: \$25.00

Revenue Tax:

Delaware County, Iowa
Daneen Schindler RECORDER

BK: 2023 PG: 2022

IOWA STATUTORY POWER OF ATTORNEY

Recorder's Cover Sheet

PREPARED BY:

Charles P. Augustine, 531 Commercial Street, Suite 250, Waterloo, IA 50701, 319-232-3304

RETURN TO:

Carrie Crabtree, Iowa Department of Transportation, Right of Way Bureau, 800 Lincoln Way, Ames, IA 50010, 515-233-7753

GRANTORS:Joan Jefferis

GRANTEES:
Keven M. Jefferis

STATE OF THE STATE

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, JOAN JEFFERIS, name the following person as my agent:

Name of Agent: **KEVEN M. JEFFERIS**

Agent's Address: 261 Thunder Bay Road, Galena, IL 61036

Agent's Telephone Number: (815) 776-0979

DESIGNATION OF SUCCESSOR AGENT

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

Name of Successor Agent: COLLEEN RAE WASCHKAT

Successor Agent's Address: 701 Cornwall Avenue, Waterloo, IA 50702

Successor Agent's Telephone Number: (319) 233-3107

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for the 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
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:
Amend, revoke, or terminate a revocable inter vivos trust, if authorized by the trust.
Agree to the amendment or termination of any other inter vivos trust.
Make a gift to an individual who is not an agent, subject to the limitations of the
Iowa 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:
Any such gift must be approved in writing by
or
No third party approval is needed.
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

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.

Joan Jefferis shall have the authority to request an accounting of any agent.

EFFECTIVE DATE

This power of attorney is effective immediately upon signature and acknowledgement and shall not be affected by my disability.

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

Your Signature
Joan Jefferis
Your Name Printed
2726 Edgemont Ave., Waterloo, IA 50702
Your Address
(319) 239-5452
Your Telephone Number

STATE OF IOWA, COUNTY OF BLACK HAWK, ss:

This document was acknowledged before me on August 11th, 2021, by Joan Jefferis.



Signature of Notary Public

This document was prepared by Charles P. Augustine, 531 Commercial St., Ste. 250, Waterloo, Iowa 50701.