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County Recording Fee: \$22.00  
Iowa E-Filing Fee: \$3.00  
Combined Fee: \$25.00  
Revenue Tax: \$0.00  
Delaware County, Iowa  
Daneen Schindler RECORDER  
BK: 2024 PG: 683

**IOWA STATUTORY POWER OF ATTORNEY**  
**THE IOWA STATE BAR ASSOCIATION**  
Official Form No. 120  
**Recorder's Cover Sheet**

**Preparer Information:**

E Michael Carr, 117 S Franklin Street, PO Box 333, Manchester, Iowa 52057  
563-927-4164

**Taxpayer Information:** (name and complete address)

\_\_\_\_\_

**Return Document To**

E Michael Carr, 117 S Franklin Street, PO Box 333, Manchester, IA 52057

**Grantors:**

Sharon Marie Porter

**Grantees:**

Brendon Porter

**Legal Description:**

**Document or instrument number of previously recorded documents:** See Page 2



## 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, Sharon Marie Porter, name the following person as my agent:

Name of Agent: Brendon Porter

Agent's Address: 201 LAKE ST, Delh. Ia 52223

Agent's Telephone Number: 563-930-7361

### 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

### 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.)

- ☐ 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 (OPTIONAL)

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.

**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

Sharon Marie Porter  
Your Signature

December 19, 2023

Date \_\_\_\_\_

Sharon Marie Porter  
Your Name Printed

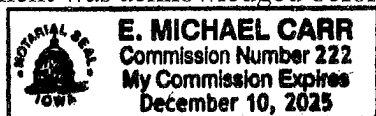
208 3rd Street  
PO Box 66  
Hopkinton, IA 52237

### Your Address

319-325-2562  
Your Telephone Number

STATE OF IOWA, COUNTY OF DELAWARE

This document was acknowledged before me on December 19, 2023, by Sharon Marie Porter.



Michael Carr

Signature of Notary Public

This document prepared by E Michael Carr, 117 S Franklin Street, PO Box 333, Manchester, Iowa 52057