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Daneen Schindler, RECORDER/REGISTRAR  
DELAWARE COUNTY IOWA

## *Power of Attorney*

**Preparer information:** *Ronald L Anderson 4401 Westown parkway, Suite302,  
West Des Moines, IA 50266*

**Taxpayer information:** *Pearl J Seibert 200 E Butler St.,  
Manchester, IA 52057*

**Return Document to:** *Pearl J Seibert 200 E Butler St.,  
Manchester, IA 52057*

**Grantors:**  
Pearl J Seibert

**Grantees:**  
Susan T Boblett  
Sally E McCarville

**Legal Description is located on page: n/a**  
**Document or instrument number of previously recorded documents: n/a**

## IOWA STATUTORY POWER OF ATTORNEY FORM

### 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). 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 CO-AGENTS

I, Pearl J. Seibert (name of principal) name the following persons as my co-agents:

Name of Co-Agent: Susan T. Noblett

Co-Agent's Address: 1808 Erickson Street, Manhattan, Kansas 66503

Co-Agent's Telephone Number: 785-341-9396

Name of Co-Agent: Sally E. McCarville

Co-Agent's Address: 5864 Fernwood Street, Shoreview, Minnesota 55126

Co-Agent's Telephone Number: 651-226-3871

If one of my co-agents is unable or unwilling to act for me, the remaining co-agent shall serve alone. If both of my co-agents are unable or unwilling to act for me, I name as my first successor co-agents:

Name of First Successor Co-Agent: Amy Simmons

First Successor Co-Agent's Address: 1113 S. 3<sup>rd</sup> Street, Unit B, Austin, Texas 78704

First Successor Co-Agent's Telephone Number: 785-341-1460

Name of First Successor Co-Agent: Alison Wolfe

First Successor Co-Agent's Address: 4645 Zenith Avenue S, Minneapolis, MN 55410

First Successor Co-Agent's Telephone Number: 651-226-3871

If one of my first successor co-agents is unable or unwilling to act for me, the remaining first successor co-agent shall serve alone.

#### 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 Litigations

\_\_\_\_\_ Personal and Family Maintenance

\_\_\_\_\_ Benefits from Governmental Programs or Civil or Military Service

\_\_\_\_\_ Retirement Plans

\_\_\_\_\_ Taxes

  P     S   **All Preceding Subjects**

### 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 have named **SUSAN T. NOBLETT** and **SALLY E. MCCARVILLE** as my Co-Agents. If one of the Co-Agents cannot serve, the remaining Co-Agent shall serve alone. It is my desire that they serve jointly and that either Co-Agent may act alone under the terms of this Power of Attorney. If both of the Co-Agents cannot serve, **AMY SIMMONS** and **ALISON WOLFE** shall serve as my first successor Co-Agents. If one of the first successor Co-Agents cannot serve, the remaining first successor Co-Agent shall serve alone. It is my desire that they serve jointly and that either first successor Co-Agent may act alone under the terms of this Power of Attorney.

This Power of Attorney shall become effective only in the event of my incapacity, unless I have revoked this Power Of Attorney in writing. I shall be considered to be incapacitated when in the opinion of my attending physician I am unable to adequately manage my business and financial affairs. This Power Of Attorney shall remain in effect until my physician certifies that my incapacity has terminated. If I shall become incapacitated and am later certified to have regained the ability to adequately manage my business and financial affairs, this Power Of Attorney shall remain valid as to any subsequent determination of incapacity and may again become effective as described above.

### EFFECTIVE DATE

See Special Instructions above.

### 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


  Pearl J. Seibert    
**PEARL J. SEIBERT**  
200 E. Butler Street  
Manchester, IA 52057

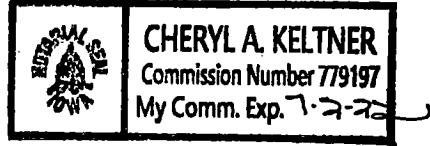
  July 8, 2019    
Date

Telephone Number:  
563-927-2511

State of Iowa  
County of Delaware

This document was acknowledged before me on July 8, 2019, by Pearl J. Seibert.

  
\_\_\_\_\_  
Signature of Notary



My commission expires 7-2-22

This document prepared by:  
Ronald L. Anderson, 4401 Westown Parkway, Suite 302, West Des Moines, Iowa 50266

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.

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:

Pearl J. Seibert by \_\_\_\_\_ as Agent  
(principal's name) (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.