Document 2022 2816

Book 2022 Page 2816 Type 06 008 Pages 5
Date 9/26/2022 Time 3:07:50PM
Rec Amt $27.00

INDX
ANNO
SCAN

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

IOWA STATUTORY POWER OF ATTORNEY

THE IOWA STATE BAR ASSOCIATION
Official Form No. 120
Recorder's Cover Sheet

Taxpayer Information:
Audrey Strawn, 2463 Bevington Park Rd., St. Charles, IA 50240

Prepared by
✓ **Return Document To**
Elisabeth Reynoldson, P.O. Box 199, 200 W. Jefferson St., Osceola, IA 50213
641-342-2157

Grantors:
Audrey Strawn

Grantees:
Charles Strawn

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, Audrey Strawn, name the following person as my agent:

Charles Strawn, 2463 Bevington Park Rd., St. Charles, IA 50240
(641) 396-2309; (515) 250-8089 cell;

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:

Doug Strawn, 609 W. Council Dr., St. Charles, IA50240 (641) 396-2538,

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:

Kim Reynolds, 1010 Park Lane, Osceola, IA 50213 (641) 342-6209, If unable or unwilling to act, I name as my third successor agent: Troy Strawn, 6613 Stuart Ct., Arvanda, Colorado, 80003 (303) 349-8515.

Name Address and Telephone Number of Second Successor Agent

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
AgS 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)

You may give special instructions on the following lines:

_____

_____

_____

_____

_____

_____

_____

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 appointment:

N/A _____

Name Address and Telephone Nominee for Conservator of My Estate

N/A _____

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

Audrey Strawn — 4-16-18

Your Signature — Date

Audrey Strawn

Your Name Printed

2463 Bevington Park Rd., St. Charles, IA 50240

Your Address

(515) 250-8089

Your Telephone Number

STATE OF IOWA, COUNTY OF CLARKE

This document was acknowledged before me on 4/16/18, by Audrey Strawn.

LESLEY GWINN
Commission Number 807838
My Commission Expires
December 07, 2020

Lesley Gwinn

Signature of Notary Public

This document prepared by Elisabeth S. Reynoldson, 200 W. Jefferson St., PO Box 199, Osceola, IA 50213, Phone: (641) 342-2157

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:

Audrey Strawn by Charles Strawn as Agent.