Document 2024 1016

Book 2024 Page 1016 Type 06 008 Pages 5
Date 5/13/2024 Time 8:47:32AM
Rec Amt $27.00

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BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

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RECORDER'S COVER SHEET
IOWA STATUTORY POWER OF ATTORNEY

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Taxpayer Information: Clarice Blanchard. 2521 Cummings Road, Winterset, IA 50273

Return Document To: Tim Rethmeier, Farmers & Merchants State Bank, 101 W Jefferson Winterset, IA 50273

Grantors: Dale G. Wulf

Grantees: See page 2

Legal Description:

Document or instrument number if applicable:

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, the Agent's authority will generally continue until you die or revoke the power of attorney or until 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 Co-agent in the optional Special Instructions. Co-agents 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 on 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 document.

2. **DESIGNATION OF AGENT.** I, Dale G. Wulf, name the following person as my Agent:

Agent: Bethany M. Kinahan Phone: _____

Address: _____ Email: _____

3. **DESIGNATION OF SUCCESSOR AGENT(S)** *(OPTIONAL).* If my Agent is unable or unwilling to act for me, I name the following person as my Successor Agent:

Successor Agent: James P. Kinahan Phone: _____

Address: _____ Email: _____

If my successor agent is unable or unwilling to act for me, I name the following person as my second Successor Agent:

Successor Agent: Clarice E. Blanchard Phone: _____

Address: _____ Email: _____

4. **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 the subjects, you may initial "All Preceding Subjects" instead of initialing each subject.)*

___ Real Property ___ Estates, Trusts, and Other Beneficial Interests

___ Tangible Personal Property

___ Stocks and Bonds

___ Commodities and Options

___ Banks and Other Financial Institutions

___ Operation of Entity or Business

___ Insurance and Annuities

___ Claims and Litigation

___ Personal and Family Maintenance

___ Benefits from Governmental Programs or Civil or Military Service

___ Retirement Plans

___ Taxes

DHW **All Preceding Subjects**

5. 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 distribution at your death. Initial only the specific authority you WANT to give your Agent.)*

N/A 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.

DHW 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.

DHW 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

N/A No third party approval is needed.

___ Authorize another person to exercise the authority granted under this power of attorney.

___ Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.

___ Exercise fiduciary powers that I have authority to delegate.

DHW Disclaim or refuse an interest in property, including a power of appointment.

6. 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.

7. SPECIAL INSTRUCTIONS *(OPTIONAL). You may give special instructions on the following lines:*

_____

_____

_____

_____

_____

_____

_____

8. ACCOUNTING. N/A shall have the authority to request an accounting of any Agent. (*Insert name of person you want to have this authority here – cannot be your Agent*)

9. EFFECTIVE DATE. This power of attorney is effective immediately on signing and acknowledgment unless I have stated otherwise in the optional Special Instructions.

10. 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:

Conservator Nominee: Bethany M. Kinahan Phone: _____

Address: _____ Email: _____

Guardian Nominee: Clarice E. Blanchard Phone: _____

Address: _____ Email: _____

11. RELIANCE ON THIS POWER OF ATTORNEY. Any person, including my agent, may rely on the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

12. SIGNATURE AND ACKNOWLEDGMENT.

Date March 3, 2023.

Dale G. Wulf

Principal: Dale G. Wulf
Address: _____

Phone: _____
Email: _____

STATE OF IOWA, SCOTT COUNTY, ss.

This instrument was acknowledged before me on March 3, 2023, by Dale G. Wulf.

_____
Notary Public in ~~and~~ for the State of Iowa

NOTARIAL SEAL IOWA
CURT A OPPEL
Commission Number 161414
My Commission Expires
18 July 2024

STANLEY, LANDE & HUNTER
A PROFESSIONAL CORPORATION
ATTORNEYS AND COUNSELORS
DAVENPORT 563.324.1000
MUSCATINE 563.264.5000
WWW.SLHLAW.COM

IMPORTANT INFORMATION FOR AGENT

1. **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 on 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:

  Principal's Name
  By_____
  Your Name, 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.

2. **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.

3. **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.