

BK: 2025 PG: 138
Recorded: 1/15/2025 at 11:52:05.0 AM
Pages 7
County Recording Fee: \$37.00
Iowa E-Filing Fee: \$3.00
Combined Fee: \$40.00
Revenue Tax: \$0.00
BRANDY L. MACUMBER, RECORDER
Madison County, Iowa

**IOWA STATUTORY POWER OF ATTORNEY FORM
(Financial Power of Attorney)
THE IOWA STATE BAR ASSOCIATION
Recorder's Cover Sheet**

Preparer Information:

Ronald L. Anderson, 4401 Westtown Parkway, Neptune Bld. #302, West Des Moines, IA 50266
(515) 225-9000

Taxpayer Information:

Nancy J. Baker, 201 E Buchanan Street, Winterset, Iowa 50273

Return Document To

Chad Eichorn, 1415 28th St STE 160, West Des Moines, Iowa 50266

Grantors:

Thomas D. Baker

Grantees:

Nancy J. Baker

Legal Description:

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

**IOWA STATUTORY POWER OF ATTORNEY FORM
(Financial 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). 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.

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.

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, Thomas D. Baker (name of principal) name the following person as my agent:

Name of Agent: Nancy J. Baker

Agent's Address: 201 E. Buchanan Street, Winterset, Iowa 50273

Agent's Telephone Number: 515-205-7082

DESIGNATION OF SUCCESSOR AGENT(S)

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

Name of First Successor Agent: Heather N. Hastings

First Successor Agent's Address: 1731 3rd Street, Grinnell, Iowa 50112

First Successor Agent's Telephone Number: 641-990-5981

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

Name of Second Successor Agent: Chad T. Baker

Second Successor Agent's Address: 265 Linden Drive, Waukegan, Iowa 50263

Second Successor Agent's Telephone Number: 515-710-5080

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

_____ To transfer property into the principal's revocable inter vivos trust

TD 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

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

Thomas D. Baker
Thomas D. Baker

October 18, 2023
Date

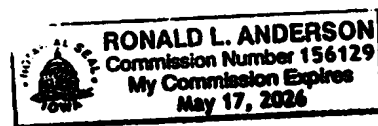
201 E. Buchanan Street
Winterset, Iowa 50273
Your Address

515-205-7083
Your Telephone Number

State of Iowa
County of Polk

This document was acknowledged before me on October 18, 2023, by Thomas D. Baker.

Ronald L. Anderson
Signature of Notary



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

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:

Thomas D. Baker 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.