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BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

Iowa Real Estate Power of Attorney

Title of Document (on/above line)

PREPARER INFORMATION:

(name, address, phone number)

Cheryl Eray
522. N. 10th St.
Winterset, IA 50273 515-468-8087

TAXPAYER INFORMATION:

(name and mailing address)

N/A

RETURN DOCUMENT TO:

(name and mailing address)

Cheryl Eray
522 N. 10th St.
Winterset, IA 50273

GRANTOR:

(name)

Cheryl Eray

GRANTEE:

(name)

Rene Pipenhagen

IOWA REAL ESTATE POWER OF ATTORNEY

I, Cheryl A. Gray [Full Name], of 522 N. 10TH St.
[Street Address] in the City of Winterset, State of Iowa
(the "Principal") hereby appoint Rene M. Pipenhagen [Full Name], of
719 W. Hutchings St [Street Address] in the City of
Winterset, State of Iowa (the "Agent") to act on my
behalf for the purpose set forth in Article I below:

Article I. Assignment of Authority

Initial and Check (✓) the applicable powers

Cg ☒ - **Sale of Real Estate:** My agent is authorized to act on my behalf for the purpose of selling the lands and premises located at _____ and with a legal description of _____. My agent is authorized to perform any and all acts related to such sale, including, but not limited to, executing, modifying and delivering any and all documents necessary to complete the transaction as well as accepting the closing proceeds for deposit into my account which has been previously disclosed to my agent.

_____ ☐ - **Purchase of Real Estate:** My agent is authorized to act on my behalf for the purpose of purchasing the lands and premises located at _____ and with a legal description of _____. My agent is authorized to perform any and all acts related to such purchase, including, but not limited to the financing and mortgaging of the property. My agent is authorized to execute, modify and deliver any documents necessary to complete the financing and purchase of the property as well as to withdraw and disburse funds necessary for the closing from my account which I have previously disclosed to my agent.

_____ ☐ - **Management of Real Estate:** My agent is authorized to act on my behalf for the purpose of managing the premises located at _____ and with a legal description of _____. My agent is authorized to perform all acts related to maintaining the property such as but not limited to: making repairs (with reimbursement), approving sub-contractors for work, negotiating rents, signing lease/sublease agreements, evicting tenants and any other representation as needed for day-to-day management.

_____ ☐ - **Refinancing:** My agent is authorized to act on my behalf for the purpose of refinancing my debts, including, but not limited to any debts secured by a mortgage on the lands and premises located at _____ and with a legal description of _____. My agent is authorized to perform any and all acts related to such refinancing, including but not limited to, modifying, executing and delivering any and all documents necessary to complete the refinancing as well as to withdraw and disburse funds necessary to complete the refinancing from my account which I have previously disclosed to my agent.

Article II. Durable Power of Attorney

This power of attorney shall not be affected by the Principal's subsequent disability or incapacity unless otherwise stated in Article III(b).

Article III. Term

(Initial and Check the Applicable Term):

- a. Cg ☒ - This power of attorney is effective as of the date hereof and shall terminate upon revocation or automatically on the 18 day of October, 2025
- b. _____ ☐ - **(Non-Durable Option)** This power of attorney is effective as of the date hereof and shall terminate upon my incapacity, or death, or revocation.
- c. _____ ☐ - This power of attorney is effective as of the date hereof and shall terminate upon my death or revocation.

Article IV. Ratification

I, the Principal, grant to my Agent full power and authority to perform all acts on my behalf as I could do if personally present, hereby ratifying and confirming all that my Agent may do pursuant to this power.

Article V. Governing Law

This Note shall be governed by, and construed in accordance with, the laws of the State of Iowa.

Article VI. Revocation

I, the Principal, hereby revoke any existing powers of attorney that may have previously been granted by me relative to the above described property.

In witness whereof, I have executed this instrument this 29 day of August, 2025.

Principal's Signature Cheryl A Gray Print Name Cheryl A. Gray
Agent's Signature Rene Copenhagen Print Name Rene Copenhagen

NOTARY ACKNOWLEDGMENT

STATE OF Iowa
Madison County, ss.

On this 29 day of August, 2025, before me appeared

Cheryl A Gray, as the Principal who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

Jayne Maxwell
Notary Public

Print Name: Jayne Maxwell My commission expires: 5/6/2026

