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BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

IOWA STATUTORY POWER OF ATTORNEY

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**PREPARER INFORMATION: R. Charles Bottenberg, Brick Gentry PC, 6701
Westown Pkwy Ste 100, West Des Moines, IA 50266 (515274)1450**

RETURN ADDRESS: Patricia A. Avey, 10444 W Salem Drive, Sun City, AZ 85351

GRANTORS: Duane Avey

GRANTEES: Patricia A. Avey

DOCUMENT OR INSTRUMENT NUMBER IF APPLICABLE:

R. Charles Bottenberg, Attorney

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, DUANE AVEY a/k/a FLOYD DUANE AVEY, name the following person as my agent:

Name of Agent: PATRICIA A. AVEY

Agent's Address: 10444 West Salem Drive, Sun City, AZ 85351

Agent's Telephone Number: (602) 762-9270

Brick Gentry PC
R. Charles Bottenberg, Attorney
6701 Westown Parkway Ste. 100
West Des Moines, IA 50266
(515) 274-1450

DESIGNATION OF SUCCESSOR AGENT

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

Name of Successor Agent: Matthew D. Avey
Successor Agent's Telephone Number: (602) 330-4325

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

Name of Second Successor Agent: Daniel B. Avey
Second Successor Agent's Telephone Number: (602) 600-5604

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
- 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.)

Brick Gentry PC
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- 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.
- Ability to add, change or remove beneficiaries on any account.

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.

EFFECTIVE DATE

This Power of Attorney shall become effective upon the certification in writing, signed by my attending physician and, if my spouse is then living and able to so act, by my spouse, that I am unable to make, communicate or carry out important decisions concerning my financial affairs and shall continue effective until my death; provided, however, that this Power of Attorney may be revoked by me as to my Agent at any time by written notice to such Agent

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

Duane Avey

9.13.25

Your Signature

Date

Duane Avey

Your Name Printed

10444 West Salem Drive, Sun City, AZ 85351

Your Address

(602) 762-9291

Your Telephone Number

NOTARY PUBLIC FORM

) STATE OF Arizona

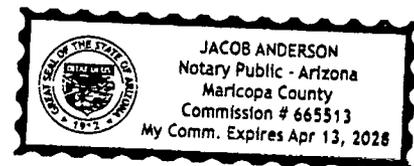
SS:)

) COUNTY OF Maricopa

This instrument was acknowledged before me on this September 13th, 2025, by DUANE AVEY.

Jacob Anderson

NOTARY PUBLIC



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