



Document 2026 388

Book 2026 Page 388 Type 06 008 Pages 6

Date 2/10/2026 Time 1:02:16PM

Rec Amt \$32.00

BRANDY MACUMBER. COUNTY RECORDER  
MADISON COUNTY IOWA

Iowa Power of Attorney

Title of Document (on/above line)

**PREPARER INFORMATION:**

(name, address, phone number)

Susan M. Enright Hackley  
1365 Timber Lake Ln.  
Creston, IA 50801  
515-925-4257

**TAXPAYER INFORMATION:**

(name and mailing address)

Amy Lynn Hackley  
3023 Peru Rd.  
Truro, IA 50257

**RETURN DOCUMENT TO:**

(name and mailing address)

Amy Lynn Hackley  
3023 Peru Rd.  
Truro, IA 50257

**GRANTOR:** William ~~Earl~~ C. Hackley, Jr.  
(name)

**GRANTEE:** Amy Lynn Hackley  
(name)

## IOWA POWER OF ATTORNEY

---

This power of attorney authorizes another person(s) (your agent(s)) to make decisions concerning your property for you (the principal). Your agent(s) 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(s) to make health care decisions for you.

You should select someone you trust to serve as your agent(s). 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(s) is not entitled to compensation unless you state otherwise in the optional Special Instructions.

This form provides for the designation of two agents. If you wish to name more than two agents, you may name the additional agents in the Special Instructions. If your agent(s) 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(s), you should seek legal advice before signing this form.

### DESIGNATION OF AGENT(S)

I, William C. Hackley Jr. name the following person(s) as my agent(s):

Name of Agent: Amy Lynn ~~Stephen~~ Hackley  
WCH

Agent's Address: 3023 Peru Rd. , Truro, Madison, IA 50257

Agent's Telephone Number: (641) 740-2129

### DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

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

Name of Successor Agent: Kaitlyn Jo Hackley

Successor Agent's Address: 3023 Peru Rd., Truro, IA 50257

Successor Agent's Telephone Number: (515) 344-8101

### GRANT OF GENERAL AUTHORITY

I grant my agent(s) and any successor agent(s) 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(s) 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(s) 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(s).)

~~[NA]~~ \_\_\_ Amend, revoke, or terminate a revocable inter vivos trust, if authorized by the trust.

~~[NA]~~ \_\_\_ Agree to the amendment or termination of any other inter vivos trust.

~~[NA]~~ \_\_\_ 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(s) acting under this power of attorney as follows:)

~~[NCH]~~ \_\_\_ Any such gift must be approved in writing by Amy Hackley or

~~[NCH]~~ \_\_\_ No third party approval is needed.

~~[NCH]~~ \_\_\_ Authorize another person to exercise the authority granted under this power of attorney.

~~[NA]~~ \_\_\_ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.

~~[NA]~~ \_\_\_ Exercise fiduciary powers that the principal has authority to delegate.

~~[NCH]~~ \_\_\_ 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 MAY 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 Special Instructions.

**SPECIAL INSTRUCTIONS (OPTIONAL)**

You may give special instructions on the following lines:

N/A

**EFFECTIVE DATE**

This power of attorney is effective immediately.

**TERMINATION**

This power of attorney shall terminate if I become disabled or incapacitated.

**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:

Name of Nominee for Conservator of My Estate: Amy Hackley

Nominee's Address: 3023 Peru Rd. Truro, IA 50257

Nominee's Telephone Number: 641-740-2129

Name of Nominee for Guardian of My Person: Amy Hackley

Nominee's Address: 3023 Peru Rd Truro, IA 50257

Nominee's Telephone Number: 641-740-2129

**RELIANCE ON THIS POWER OF ATTORNEY**

Any person, including my agent(s), 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 OF PRINCIPAL**

Principal's Signature: William C. Hackley Jr Date: 1-25-26

Principal's Name Printed: William C. Hackley Jr.

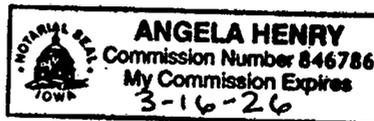
Principal's Address: 3023 Peru Rd., Truro, Madison, IA 50257

Principal's Telephone Number: N/A

**NOTARY PUBLIC**

State of Iowa

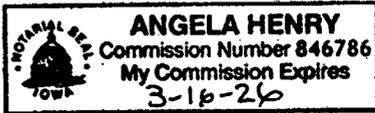
County of Madison



This document was acknowledged before me on January 25, 2026, by William C. Hackley Jr..

Signature of Notary [Handwritten Signature]  
(Seal, if any)

My commission expires: 3-16-26



This document prepared by: Susan M. Enright Hackley

**IMPORTANT INFORMATION FOR AGENT(S)**

**Agent's Duties**

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) 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;
- (2) act in good faith;
- (3) do nothing beyond the authority granted in this power of attorney; and
- (4) 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 Signature) as Agent**

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) 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; and 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**