



Document 2026 570

Book 2026 Page 570 Type 06 008 Pages 7
Date 3/04/2026 Time 11:35:13AM
Rec Amt \$37.00

BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

Power of Attorney

Title of Document (on/above line)

PREPARER INFORMATION:

(name, address, phone number)

Every Step Hospice (515) 462-5205
901 S. 4th Ave.
Winterset, IA 50273

TAXPAYER INFORMATION:

(name and mailing address)

N/A

RETURN DOCUMENT TO:

(name and mailing address)

Patrick Baker
201 Kansas
Lorimor, IA 50149

GRANTOR:

(name)

Albert Dean Baker

GRANTEE:

(name)

Patrick Albert Baker



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, Albert Dean Baker, name the following person as my agent:

Name of Agent Patrick Albert Baker

Agent's Address 201 Kansas Lorimon, IA 50149

Agent's Telephone Number 515-705-9878

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

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

Name of Successor Agent Michael Allison Baker

Successor Agent's Address 1307 Orchard St. Adel, IA 50003

Successor Agent's Telephone Number 515-868-1399

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:

Albert Dean Bakerby Patrick Albert Baker 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.

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.

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

Name of Second Successor Agent _____
Second Successor Agent's Address _____
Second Successor Agent's Telephone Number _____

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 *AB*
- Tangible Personal Property *AB*
- Stocks and Bonds *AB*
- Commodities and Options *AB*
- Banks and Other Financial Institutions *AB*
- Operation of Entity or Business *AB*
- Insurance and Annuities *AB*
- Estates, Trusts, and Other Beneficial Interests *AB*
- Claims and Litigation *AB*
- Personal and Family Maintenance *AB*
- Benefits from Governmental Programs or Civil or Military Service *AB*
- Retirement Plans *AB*
- Taxes *AB*
- All Preceding Subjects *AB*

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 (OPTIONAL)

You may give special instructions on the following lines:

shall have the authority to request an accounting of any agent.

EFFECTIVE DATE

This power of attorney is effective immediately upon signature and acknowledgment unless I have stated otherwise in the optional Special Instructions.

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 Patrick Albert Balcer
Nominee's Address 201 Kansas Lorimor, IA 50149
Nominee's Telephone Number 515-705-9878

Name of Nominee for Guardian of My Person _____
Nominee's Address _____
Nominee's Telephone Number _____

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

X Albert Dean Baker 2-5-26

Your Signature Albert Dean Baker Date

Your Name Printed Albert Dean Baker

Your Address 510 E Court Ave Winterset, IA 50273

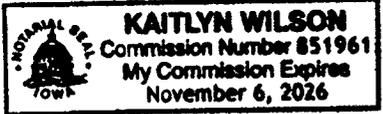
Your Telephone Number 515-468-7719

Your Telephone Number

STATE OF Iowa, COUNTY OF Adair

This document was acknowledged before me this 5 day of February, 2026, by Albert Dean Baker

Kaitlyn Wilson
Signature of Notary Public



This document prepared by _____

2. IMPORTANT INFORMATION FOR AGENT

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.

We, the **witnesses**, each do hereby declare in the presence of the principal that the principal signed and executed this instrument in the presence of each of us, that the principal signed it willingly, that each of us hereby signs this Power of Attorney as witness at the request of the principal and in the principal's presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

Witness's Signature *Anna M Watts* Address 201 Kansas Ave, Lorimar IA 50149

Witness's Signature *Karen Watts* Address 722 n 7th St Winterset IA 50273

ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF Iowa
Adair County, ss.

On this 5 day of February, 2026, before me appeared Albert Dean Baker as **Principal** of this Power of Attorney 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.

Kaitlyn Wilson
Notary Public

My commission expires: 11-6-2026

