

IOWA DURABLE POWER OF ATTORNEY

I, _____ (Name of Principal) of _____ (Address of Principal) (**"Principal"**), hereby appoint _____ (Name of Agent), of _____ (Address of Agent) (**"Agent"**), as my agent (attorney-in-fact) to act as indicated below in my name, place, and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the full extent that I am permitted by law to act through an agent to the following initialed subjects:

_____(A) **Real Property.** Full power, right, and authority to sell, purchase, convey, lease, rent, exchange, mortgage, and otherwise deal in and with any and all real property, the same as if said agent were the absolute owner, purchaser, or lessee thereof as the case may be, and the authority to sign and deliver any and all deeds, conveyances and other instruments in furtherance thereof; and to make, amend, alter or revoke agreements involving said properties.

_____(B) **Tangible and Personal Property.** The agent is authorized to: buy and sell, lease, exchange, collect, possess and take title to all tangible personal property; move, store, ship, restore, maintain, repair, improve, manage, preserve, insure and safekeep tangible personal property; and, in general, exercise all powers with respect to tangible personal property which the principal could if present and under no disability.

_____(C) **Stock and Bonds.** Acquire, exchange, buy or sell stocks or bonds, or any interest therein, on such terms and conditions as my agent shall deem proper. Execute and deliver, in my' name and on my behalf, conveyances of said stock or bonds.

_____(D) **Commodity and Options.** Acquire, exchange, buy or sell commodities or options, or any interest therein, on such terms and



conditions as my agent shall deem proper. Execute and deliver, in my' name and on my behalf, conveyances of said commodities or options.

_____(E) **Banking.** To make, receive and endorse checks and drafts, deposit and withdraw funds, acquire and redeem certificates of deposit, open, close and otherwise deal with accounts and do all things herein enumerated in banks, savings and loan associations. To borrow money in principal's name; to make, issue and endorse any promissory note in the name of principal, and to renew the same from time to time; to deliver, pledge and pawn the same; and to waive and renounce any prescription accrued on same.

_____(F) **Business Operations.** To purchase, acquire, conduct, continue or participate in any business for me and in my name, including general or limited partnerships, joint ventures, limited liability companies, or corporations.

_____(G) **Insurance.** To insure my life or the life of anyone in whom I have an insurable interest; to continue my life insurance policies now or hereafter owned by me on either my life or the lives of others; to pay all insurance premiums; to select any options under such policies; to increase coverage under any such policy; to borrow against any such policy; to pursue all insurance claims on my behalf; to purchase and maintain and pay all premiums for medical insurance covering me and any person I am obligated or may have assumed the obligation to support; to carry insurance of such kind and in such amounts as my agent shall deem appropriate to protect my assets against any hazard and to protect me from any liability; to pay the premiums therefor; to pursue claims thereunder

_____(H) **Estate, Trust, and other Beneficiary transactions.** The agent is authorized to: accept, receipt for, exercise, release, reject, renounce, assign, disclaim, demand, sue for, claim and recover any legacy, bequest, devise, gift or other property interest or payment due or payable to or for the principal; assert any interest in and exercise any power over any trust, estate or



property subject to fiduciary control; establish a revocable trust solely for the benefit of the principal that terminates at the death of the principal and is then distributable to the legal representative of the estate of the principal; and, in general, exercise all powers with respect to estates and trusts which the principal could if present and under no disability; provided, however, that the agent may not make or change a will and may not revoke or amend a trust revocable or amendable by the principal or require the trustee of any trust for the benefit of the principal to pay income or principal to the agent unless specific authority to that end is given, and specific reference to the trust is made, in the statutory property power form.

_____(I) **Claims and Litigation.** To demand; sue for, collect, recover and receive all goods, claims, debts, monies, interest and demands whatsoever now due, or hereafter due, or belonging to me (including the right to institute any action, suit or legal proceedings, for the recovery of any lands, buildings, tenements, or other structures, to the possession whereof I may be entitled), and to make, execute and deliver receipts, releases, or other discharges therefor, under seal, or otherwise;

_____(J) **Personal and Family Maintenance.** To make payments for the daily living expenses, support, medical care, and tuition of my spouse and dependents

_____(K) **Retirement Plan and Benefits.** To apply for and receive any government, insurance and retirement benefits to which I may be entitled, including the right to act as my representative the Social Security Administration, and to exercise any right to elect benefits or payment options; to terminate, to change beneficiaries or ownership, to assign borrow or receive cash value in return for the surrender of any or all rights I may have in plans or benefits, or in any retirement, profit-sharing and employee welfare plans and benefits; and or waive consent in connection with designation of beneficiaries and election or waiver of joint and survivor under any employee benefit plan.



_____(L) **Gifts.** To make and effect gifts as my agent deems proper either outright or in custodianship (including gifts to my agent) and including charitable gifts and pledges all in the sole discretion of my agent.

_____(M) **Tax Matters.** Execute on my behalf any tax return and act for me in any examination, audit, hearing, conferences, or litigation relating to taxes, including the authority to file and prosecute refund claims and enter into any settlements.

_____(N) **Safety Deposit Boxes.** To access any safety deposit boxes or vaults which I have access to, including the right to remove or place any items therein.

_____(O) **Hiring Service Providers.** To hire service providers such as attorneys, accountants, and others, including their appointment, removal, and compensation as the agent deems fit.

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY 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 an inter vivos trust

_____ Amend, revoke, or terminate a revocable inter vivos trust, if authorized by the 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

_____Disclaim or refuse an interest in property, including a power of appointment.

_____Exercise fiduciary powers that the principal has authority to delegate

_____Create or change rights of survivorship

_____ Create or change a beneficiary designation

_____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

1. Effective Date. UNLESS YOU DIRECTED OTHERWISE BELOW IN THIS SECTION, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

SPECIAL INSTRUCTIONS: ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO _____ YOUR _____ AGENT.



2. **Durability.** This durable power of attorney shall not be affected by my subsequent disability or incompetence.

3. **Successor Agent.** If every agent named above is unable or unwilling to serve, I appoint no one to be my agent for all purposes hereunder.

4. **Indemnity.** TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

I also indemnify my agent for any acts in relation to this power of attorney that were done in good faith.

5. **Reimbursement.** My agent shall be reimbursed for all reasonable expenses and may charge a reasonable fee for services in relation to this Agreement.

6. **Applicable Law.** This Durable Power of Attorney shall be interpreted and governed in accordance with the laws of the State of Iowa. All claims, actions, or disputes in connection with or arising from this agreement shall be commenced in the State of Iowa, to the exclusion of all other States.

7. **Termination.** This Agreement shall remain in effect unless written termination is communicated to the agent appointed herein.

8. **Photocopies.** All photocopies of this Agreement shall have the same force and effect as any original.



9. Limitations. 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.

Notice to Person Executing Durable 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.



IN WITNESS WHEREOF, I have duly executed this durable power of attorney,
this ____ day of _____, 20____

Principal's Signature

Principal's Phone Number: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Iowa

County of _____

On _____ before _____ me,
_____, personally appeared
_____, who proved to me on the basis of satisfactory
evidence to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s)
on the instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Iowa that
the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

My commission expires: _____



Notice to Person Accepting the Appointment as Attorney-in-Fact

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: _____ (principal's name) by _____ (your signature) 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.



I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney.

Attorney in Fact's Signature

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Iowa

County of _____

On _____ before me,
_____, personally appeared
_____, who proved to me on the basis of satisfactory
evidence to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s)
on the instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Iowa that
the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

My commission expires: _____



