



DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS (Medical Power of Attorney)

Return to:

I (the "Principal") hereby designate Ann Marie Epperson

(Type or Print) First Name Last Name

117 E. North Street, Winterset, Iowa 50273

(Type or Print) Street Address City State Zip Code

as my attorney in fact (my agent) and give to my agent the power to make health care decisions for me. This power exists only when I am unable, in the judgment of my attending physician, to make those health care decisions. The attorney in fact must act consistently with my desires as stated in this document or otherwise made known.

Except as otherwise specified in this document, this document gives my agent the power, where otherwise consistent with the laws of the State of Iowa, to consent to my physician not giving health care or stopping health care which is necessary to keep me alive.

This document gives my agent power to make health care decisions on my behalf, including to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of my desires and any limitations included in this document. My agent has the right to examine my medical records and to consent to disclosure of such records.

NOTE: (The Principal does not have to give any specific instructions or statement of desires but may do so.) Insert here specific instructions or statement of desires of principal (if any).

NOTE: (The Principal may designate one or more alternates as attorney in fact but does not have to.) If the person designated above is unable to serve,

I designate Elaine Kay Kephart

(Type or Print) First Name Last Name

701 West Street, New Virginia, Iowa 50210

(Type or Print) Street Address City State Zip Code

to serve as my attorney in fact.

Signed this 6th day of July, 2001

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INDX
ANNO
SCAN

CHEK

LISA SMITH, COUNTY RECORDER
MADISON IOWA

Marie Stanley
Signature of Principal (Person Granting the Power of Attorney)

Marie Stanley
(Type or Print Name of Principal)

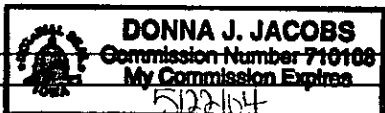
418 North 6th
Street Address

Winterset, Iowa 50273
City State Zip Code

This Power of Attorney must be witnessed by two persons or notarized.

STATE OF IOWA; MADISON COUNTY, ss:

On this 6th day of July, 2001 before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Marie Stanley to me known to be the person named in and who executed the foregoing instrument, and acknowledged that ~~(he)~~ (she) executed the same as ~~(his)~~ (her) voluntary act and deed.



Notary Public in and for said State.

By signing this form I declare that I signed this form in the presence of the other witness and the Principal and I witnessed the signing by the Principal or other person acting on behalf of and at the Principal's direction.

Donna J. Jacobs
Signature of 1st Witness
Donna J. Jacobs
(Type or Print Name of Witness)
2450 US Hwy 169
Street Address
Winterset Iowa 50273
City State Zip Code

Pamela J. Kerr
Signature of 2nd Witness
Pamela J. Kerr
(Type or Print Name of Witness)
221 E. Jefferson
Street Address
Winterset Ia 50273
City State Zip Code

(Over)