



DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

I (the "Principal") hereby designate Larry W. Gordon
(Type or Print) First Name Last Name
209 W North St Winterset IA 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).

STATE OF IOWA, ss.
MADISON COUNTY,

Inst. No. 002808 Filed for Record this 27 day of January 2000 at 1:24 P.M.
Book 46 Page 165 Recording Fee \$ 6.00 Michelle Utsler, Recorder, By Debra K. Smith
Deputy

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 Dixie DeCarlo
(Type or Print) First Name Last Name
Dixie 3908 Sherman Blvd Des Moines IA 50310
(Type or Print) Street Address City State Zip Code
Rathy Sudt Brattleboro Ave Des Moines IA 50311
to serve as my attorney in fact.

Signed this 15th day of January, 2000

Betty L. Gordon
Signature of Principal (Person Granting the Power of Attorney)

REC \$ 5.00
AUD \$ _____
R.M.F. \$ 1.00

COPIES _____
RECORDED _____
INDEXED _____

Betty L. Gordon
(Type or Print Name of Principal)
301 S 14th St Apt 43
Street Address
Winterset IA 50273
City State Zip Code

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

STATE OF IOWA, Polk COUNTY, ss. _____

On this 15th day of January, 2000 before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Betty L. Gordon 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.

Janet Tungevick
exp 9 July 2000 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.

Signature of 1st Witness _____
(Type or Print Name of Witness) _____
Street Address _____
City State Zip Code _____

Signature of 2nd Witness _____
(Type or Print Name of Witness) _____
Street Address _____
City State Zip Code _____

(Over)