

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS**

I, Eletha L. Rudolf of 415 N 2<sup>nd</sup> St. Apt #210, Winterset, IA 50273, hereby designate my daughter, Doris J. Tracy of 1362 NW 90<sup>th</sup> Court, Clive, IA 50325 and son, Craig A. Rudolf of 423 E. Filmore, Winterset, IA 50273, or the survivor of them, as my Attorneys-in-Fact (my agents) and give to my agents in their joint capacity the power to make health care decisions for me. This power exists only when I am unable, in the judgement of my attending physician to make those health decisions. The Attorneys-in-Fact must act consistently with my desires as stated in this document or otherwise made known.

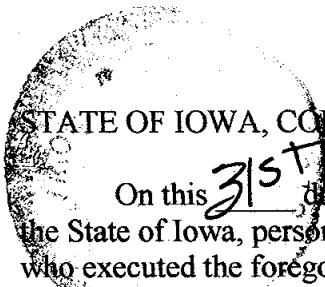
Except as otherwise specified in this document, this document gives my agents the power, where otherwise consistent with the laws of the state of Iowa, to consent to my physician not giving health care or stopping health care which is necessary to keep me alive.

This document gives my agents 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 agents have the right to examine my medical records and to consent to disclosure of such records.

My agents are not permitted to act separately and individually unless one of them is deceased and so long as both of them are living they must act jointly in the exercise of the powers granted pursuant to this Durable Power of Attorney.

Signed this 31<sup>st</sup> day of December, 2002.

Eletha L. Rudolf  
Eletha L. Rudolf



STATE OF IOWA, COUNTY OF MADISON, ss:

On this 31<sup>st</sup> day of December, 2002, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Eletha L. Rudolf, to me known to be the person named in and who executed the foregoing instrument, and acknowledged that he executed the same as his voluntary act and deed.

[Signature]  
Notary Public  
In and For the State of Iowa

REC \$ 15<sup>00</sup>  
AUD \$ \_\_\_\_\_  
R.M.F. \$ 1<sup>00</sup>

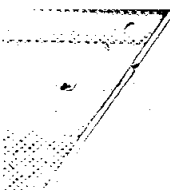
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MICKI UTSLER  
RECORDER  
MADISON COUNTY, IOWA

## General Information on Durable Power of Attorney for Health Care

A durable power of attorney for health care is subject to the provisions of Chapter 144B of the Code of Iowa and reference should be made to that chapter. The following is a summary of some of the provisions of Chapter 144B of the Code of Iowa.

1. "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition. "Health care" does not include the provision of nutrition or hydration except when they are required to be provided parenterally or through intubation.
2. The following individuals shall not be witnesses for a durable power of attorney for health care:
  - a. A health care provider attending the Principal on the date of execution.
  - b. An employee of a health care provider attending the Principal on the date of execution.
  - c. The individual designated in the durable power of attorney for health care as the Attorney-in-Fact.
  - d. An individual who is less than eighteen years of age.
3. One of the witnesses shall be an individual who is not a relative of the Principal by blood, marriage, or adoption within the third degree of consanguinity.
4. The following individuals shall not be designated as the Attorney-in-Fact to make health care decisions under a durable power of attorney for health care:
  - a. A health care provider attending the Principal on the date of execution.
  - b. An employee of a health care provider attending the Principal on the date of execution unless the individual to be designated is related to the Principal by blood, marriage, or adoption within the third degree of consanguinity.
5. Revocation.
  - a. A durable power of attorney for health care may be revoked at any time and in any manner by which the Principal is able to communicate the intent to revoke, without regard to mental or physical condition.
  - b. Revocation may be made by notifying the Attorney-in-Fact orally or in writing.
  - c. Revocation can also be made by notifying a health care provider orally or in writing while that provider is engaged in providing health care to the Principal.
  - d. A revocation is only effective as to a health care provider upon its communication to the provider by the Principal or by another to whom the Principal has communicated revocation.
  - e. The health care provider is required to document the revocation in the treatment records of the Principal.
  - f. The Principal is presumed to have the capacity to revoke a durable power of attorney for health care.

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- g. Unless it provides otherwise, a valid durable power of attorney for health care revokes any prior durable power of attorney for health care.
  6. **Prohibited Practices.**
    - a. A health care provider, health care service plan, insurer, self-insured employee welfare benefit plan, or non-profit hospital plan shall not condition admission to a facility, or the providing of treatment, or insurance, on the requirement that an individual execute a durable power of attorney for health care.
    - b. A policy of life insurance shall not be legally impaired or invalidated in any manner by the withholding or withdrawing of health care pursuant to the direction of an Attorney-in-Fact appointed pursuant to this chapter.
  8. It is the responsibility of the Principal to notify the health care provider (doctor) of the terms of the Durable Power of Attorney for Health Care.
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**SUGGESTIONS AFTER FORM IS PROPERLY SIGNED, WITNESSED OR NOTARIZED**

1. Place original in a safe place known and accessible to family members or close friends.
2. Provide a true copy to your doctor.
3. Provide a copy(s) to family members(s).
4. Provide a copy to designated Attorney-in-Fact (agent) and to alternate designated Attorney(s)-in-Fact (if any).