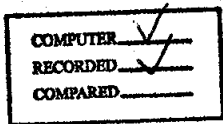


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 BOOK 2003 PAGE 1512
 2003 MAR 18 AM 3:16
 MICKI UTSLER
 RECORDER
 MADISON COUNTY, IOWA

LIVING WILL
 AND
 POWER OF ATTORNEY FOR HEALTH CARE
 of
 RICHARD I. KINGERY
 LIVING WILL

REC \$ 10⁰⁰
 AUD \$ _____
 R.M.F. \$ 1⁰⁰



If I should have an incurable or irreversible condition that will cause my death within a relatively short time, or if I am in a coma or persistent vegetative state from which I have no reasonable hope of regaining awareness, it is my desire that my life not be prolonged by administration of life-sustaining procedures. If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I specifically direct my attending physician to withhold or withdraw treatment, including artificial nutrition and hydration, that merely prolong the dying process and are not necessary for my comfort or to alleviate pain.

POWER OF ATTORNEY (Health Care)

If, in the judgement of my attending physician, I am unable to act on my own behalf in making health care decisions, including those actions directed above, I appoint the person(s) hereafter designated as my Attorney(s)-in-Fact (Agent), to act on my behalf *in the numerical order designated* to make health care decisions for me consistent with my desires as stated in this document or otherwise made known. If I designate more than one person to act jointly as my agent and a designated person is unable or unwilling to participate in any particular decision, the remaining person(s) shall have full power and authority to act on my behalf.

The power given my agent herein includes the power to consent to, refuse consent to, or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition. This includes the right to consent to my physician not giving health care or stopping health care which is necessary to keep me alive.

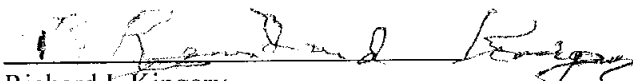
My agent has a right to examine my medical records including specifically any and all records which may contain material that is protected by Federal and/or State law applicable to substance abuse, mental health, and/or AIDS; and to consent to disclosure of such records.

I hereby **revoke** any prior Power of Attorney for Health Care I have signed.

Attorney-in-Fact

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
1. Merle M. Kingery	820 N. 4 th Ave.; Winterset, IA 50273	Wife
2. Shirley A. Schmitz and/or Rosemary Doerr	HC 71 - Box 44; Anselmo, NE 68813 1425 Cordova Dr.; Hemet, CA 92543	Daughter Daughter

3-18-03
Date

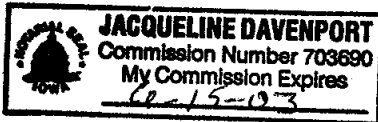

Richard I. Kingery

✓ Lawrence Van Warden
200 W Jefferson St
Osceola Ia 50213

(Notarized on reverse side)

STATE OF IOWA)
)ss:
MADISON COUNTY)

On this 18 day of March, 2003, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared 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/their voluntary act and deed.



Jacqueline Davenport
Notary Public in and for the State of Iowa

REVOCATION

This instrument may be revoked at any time in any manner by the Declarant communicating his or her intent to revoke, without regard to Declarant's mental or physical condition.

A revocation is only effective as to the attending physician upon communication to the physician.