



DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

I (the "Principal") hereby designate E. Carol Weeda or Timothy Weeda
(Type or Print) First Name Last Name
101 S. Kirby, Mount Ayr, Iowa 50854; 15308 Wycliffe Drive, Apt. 11, Omaha, NE 68154
(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).

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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 _____
(Type or Print) First Name Last Name
_____ 1995 NOV 14 P 12:17
(Type or Print) Street Address City State Zip Code

to serve as my attorney in fact.

Signed this 7th day of November, 19 95

FILED NO. 1436

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95 NOV 17 PH 4:07

Diane L. Sorensen
Signature of Principal - Person Granting the Power of Attorney

Diane L. Sorensen
(Type or Print Name of Principal)

101 South Kirby
Street Address

Mount Ayr IA 50854
City State Zip Code

REC 550
ADD
R.M.F. 20

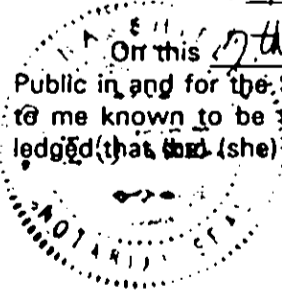
MICHELLE UTSLER
RECORDER
MADISON COUNTY, IOWA

RINGGOLD COUNTY, IOWA
FILED
1995 NOV 14 P 12:17
BOOK 259 PAGE 207
Karen Schaefer
Deputy RECORDER

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

STATE OF IOWA, Ringgold COUNTY, ss:

On this 7th day of November, 19 95 before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Diane L. Sorensen to me known to be the person named in and who executed the foregoing instrument, and acknowledged that ~~she~~ (she) executed the same as ~~his~~ (her) voluntary act and deed.



Donna Shields
Ringgold 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

COMPUTER
RECORDED
COMPARED

(Over) MISC. RECORD 43 275