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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

POA For Health Care

**Preparer Information:** (Individual's name, address and phone number)

*Wilma Sue Benge  
509 N John Wayne Dr.  
Winterset, Iowa 50273  
Phone - 462-7460*

**Taxpayer Information:** (Taxpayer's name and full mailing address)

**Return Document To:** (Name and full mailing address)

*Wilma Sue Benge  
509 N John Wayne Dr.  
Winterset, Iowa 50273  
Phone - 462-7460*

**Grantors:**

*Herbert Melvin Benge*

**Grantees:**

*Herbert Leroy Benge  
Wilma Sue Benge*

**Parcel Identification Number:** (If required or applicable)

**Legal Description:**

**Document or instrument number of associated documents previously recorded:**

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS  
AND  
DECLARATION RELATING TO USE OF LIFE-SUSTAINING PROCEDURES**

I Herbert Melvin Benge hereby designate a majority of my then-living adult children, namely, Herbert LeRoy Benge and Wilma Sue Benge, acting jointly, 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.

Without limiting the authority of my agent, I hereby express my intent that if I should have an incurable or irreversible condition that will cause my death within a relatively short time, 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 direct my attending physician to withhold or withdraw procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain, including the withholding of nutrition and hydration.

Signed this 27 day of May, 2010

Herbert M Benge

STATE OF IOWA, Madison COUNTY,

On this <sup>JW</sup> ~~27~~ day of May, 2010 before me, the undersigned a Notary Public in and for the State of Iowa, personally appeared Herbert M Benge 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.

Joan Welch  
Notary Public in and for the State of Iowa

