



DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

ANTHONY J. KNIPPER and
ROGER P. KNIPPER

I (the "Principal") hereby designate
Rural Route 1, Box 56A, Monticello, Iowa 52310 and
Rural Route 1, Box 63, Monticello, Iowa 52310

(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).

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.

NOTE: (The Principal may designate one or more alternate attorneys in fact, but does not have to do so. If the person designated above is unable to serve, and either Anthony J. Knipper or Roger P. Knipper are unavailable to make a decision concerning my health care, the other shall make such decision on his own.)

(Type or Print) First Name Last Name

(Type or Print) Street Address City State Zip Code

to serve as my attorney in fact.

Signed this 13th day of September, 1991

2713

X Rose M. Knipper
Signature of Principal (Person Granting the Power of Attorney)

Rose M. Knipper

(Type or Print Name of Principal)

814 1st Avenue, West

Street Address

Dyersville, Iowa 52040

City State

RECORDERS OFFICE
JONES COUNTY IOWA

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RECORDED 11.09.91



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

STATE OF IOWA, Delaware COUNTY, ss:

On this 13th day of September, A.D. 1991, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared ROSE M. KNIPPER 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.

Helen Wegmann, 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)

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.
 - 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 nonprofit 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.

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 member(s).
4. Provide a copy to designated attorney in fact (agent) and to alternate designated attorney(s) in fact (if any).

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DELAWARE COUNTY IOWA
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RECORDED

Rose M. Knipper

To

Anthony J. Knipper
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Anthony Knipper
R 1 Box 56 A
Monticello, IA 52310