Document 2026 2460

Book 2026 Page 2460 Pages 3
Date 8/18/2026 Time 10:15:59AM
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BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

Power of Attorney

Title of Document (on/above line)

PREPARER INFORMATION:
(name, address, phone number)

Tia Tilton
818 W Jefferson St
Winterset, IA 50273

515-468-7128

TAXPAYER INFORMATION:
(name and mailing address)

N/A

RETURN DOCUMENT TO:
(name and mailing address)

Tia Tilton
818 W Jefferson St
Winterset, IA
50273

GRANTOR:
(name) Bart Stanley Kerns

GRANTEE:
(name) Tia Marie Tilton

DURABLE POWER OF ATTORNEY FOR HEALTH CARE
(State of Iowa)

I, BART STANLEY KERNS ("Principal"), designate and appoint:

TIA MARIE TILTON

as my Health Care Agent and Attorney-in-Fact for Health Care Decisions.

AUTHORITY GRANTED

If my attending physician determines that I am unable to make health care decisions for myself, my Health Care Agent shall have authority to:

1. Consent to, refuse, or withdraw consent to medical treatment.
2. Access all medical, mental health, hospital, and health care records.
3. Communicate with physicians, hospitals, clinics, nursing facilities, and health care providers.
4. Arrange admission to or discharge from health care facilities.
5. Authorize medications, surgery, testing, procedures, and treatment.
6. Make decisions regarding life-sustaining procedures, artificial nutrition, and hydration consistent with my wishes and Iowa law.
7. Execute documents necessary to obtain medical care.
8. Take any lawful action necessary to carry out my health care decisions.

STATEMENT OF INTENT

It is my intention that my Agent follow any instructions I have provided orally or in writing. If my wishes are unknown, my Agent shall act in my best interests.

HIPAA AUTHORIZATION

I authorize my Health Care Agent to obtain and review all protected health information and medical records and to communicate with all health care providers regarding my condition and treatment.

REVOCATION

I may revoke this document at any time as permitted by Iowa law.

SIGNATURE OF PRINCIPAL

I sign this Durable Power of Attorney for Health Care voluntarily.

Bart Kerns

Bart Stanley Kerns, Principal

Date: 08/17/26

WITNESS DECLARATIONS

We declare that Bart Stanley Kerns appeared to be of sound mind and signed this document voluntarily.

Witness #1

Signature

Name: Daniel Anderson

Date: Aug 17, 2026

Witness #2

emma Kollasch

Signature

Name: Emma Kollasch

Date: 08/17/26

OR NOTARY ACKNOWLEDGMENT

STATE OF IOWA
COUNTY OF Cherokee

Subscribed and sworn before me on this 17 day of 08, ***2026***.

Notary Public

My Commission Expires: 08/15/29

NOTARIAL SEAL IOWA

EMMA KOLLASCH
Commission Number 850160
My Commission Expires
August 15, 2029