



Document 2016 2776

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

Physician's Statement

Type of Document

PREPARER INFORMATION: (name, address, phone number)

James VanWerden
1009 Main Street
Adel, IA 50003
(515) 993-4545

TAXPAYER INFORMATION: (name and mailing address)

N/A

RETURN DOCUMENT TO: (name and mailing address)

Don Bolton – ✓ (Lisa will pick up)
624 S 8th Avenue
Winterset, IA 50273

GRANTOR: (name)

Dr. Kevin deRegnier, DO

GRANTEE: (name)

Shirley J. Bolton

LEGAL DESCRIPTION: (if applicable)

See page:

Document or instrument of associated documents previously recorded:
(if applicable)

Dr. Kevin Deregnier, DO
Madison County Medical Associates
60 E. Court Ave.
Winterset, IA 50273

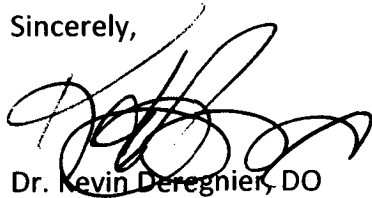
September 22, 2016

Re: Shirley J. Bolton

To Whom it May Concern:

This is to certify that my patient, Shirley J. Bolton, suffers from dementia. She is unable to make her own medical, financial or other decisions.

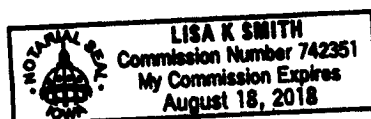
Sincerely,

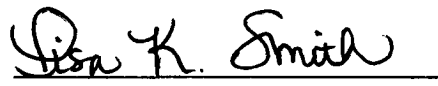


Dr. Kevin Deregnier, DO

STATE OF IOWA, COUNTY OF MADISON

This record was acknowledged before me this 22nd day of September,
2016, by Dr. Kevin Deregnier, DO.





Signature of Notary Public