CONSENT OF HEALTH CARE AGENT TO SERVE

The undersigned person, who has been appointed as Health Care Agent pursuant to that certain Durable Power of Attorney for Health Care executed by _____ (name) on or about _____, 20____, hereby consents to serve in such capacity.

Date: _____ _____

Signature

STATE OF MISSOURI)
) SS.
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared _____, whose identity has been proven to me through identification documents, specifically _____, to be the person who signed the foregoing Consent of Health Care Agent to Serve in my presence and who swore or affirmed to me that he or she signed the same as his or her free act for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year first above written.

_____

Notary Public