Medical Care Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that I, _____ of _____, Missouri, hereby constitute and appoint **Grant Nelson** of **Raymore, Missouri**, my true and lawful attorney-in-fact, with full power and authority to do in my name and on my behalf any and all acts which I might do personally and act on my behalf in order to provide for the complete medical, surgical, and dental care of any and all types. Grant Nelson, my attorney-in-fact may exercise any and all other rights and powers Grant deems necessary to carry out the purposes of the above designated rights and powers.

If for whatever reason, Grant Nelson is unavailable to make such decisions, then **Mahkala Lackey** of **Olathe, Kansas**, shall be automatically vested with the entire decision-making powers Grant Nelson had. If for whatever reason, both Grant Nelson and Mahkala Lackey are unavailable to make such decisions, then **Fred Douglas** of **Overland Park, Kansas**, shall be automatically vested with the entire decision-making powers Grant Nelson and Mahkala Lackey had.

This Power of Attorney shall be effective as of **July 5, 2026**, and shall remain in effect until **July 11, 2026**, unless revoked in writing signed by me, the undersigned, prior to that time. No person acting in reliance upon this power shall be charged with notice of any revocation hereof in the absence of the above signed writing or actual knowledge of such revocation.

It is my intention to grant to my attorney-in-fact full and complete authority to act for me and in my stead in all matters relating to the above purpose. In no event shall persons relying on this Power of Attorney be required to ascertain the authority of my attorney-in-fact to act hereunder, and all persons dealing with said attorney-in-fact shall be entitled, in the absence of actual knowledge of revocation, to rely upon the authority of such person, and the acts of such person shall bind me and acquit persons dealing with my said attorney-in-fact to the same extent as if I had been acting in my own behalf.

IN TESTIMONY WHEREOF, witness my signature this _____ day of _____, 20___.

Signature: _____

Print Name: _____

STATE OF _____)
) SS
COUNTY OF _____)

Before me, a Notary Public, in and for the state and county aforesaid, appeared _____, personally known to me, and on the _____ day of _____, 20 ___, executed the foregoing Power of Attorney and acknowledged the same to be his or her act and deed.

My commission expires: _____

_____
NOTARY PUBLIC