

Kansas Department of Agriculture
 Division of Water Resources
CHANGE: P/D WORKSHEET

1. File Number: 26611	2. Status Change Date: 2-20-2023	3. Change Num: C1	4. Field Office: 4	5. GMD: 3
6. Status: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied by DWR/GMD <input type="checkbox"/> Dismiss by Request/Failure to Return				7. Filing Date of Change: 2/03/2023
8a. Applicant(s), WUC New to system <input type="checkbox"/> BRYCE A & RHONDA F WILKERSON PO BOX 568 JOHNSON, KS 67855-0568		Person ID <u>25302</u> Add Seq# _____ 8a		
8b. Landowner(s) New to system <input checked="" type="checkbox"/> DONITA WILKERSON REV TRUST PO BOX 815 JOHNSON KS 67855-0815		8c. Landowner(s) New to system <input type="checkbox"/> Person ID _____ Add Seq# _____		
8d. WUC New to system <input type="checkbox"/> Person ID _____ Add Seq# _____				
9. Documents and Enclosure(s): <input checked="" type="checkbox"/> DWR Meter(s) Date to Comply: <u>12/31/2023</u> <input checked="" type="checkbox"/> N & P Date to Comply: <u>3/1/2024</u>				
<input type="checkbox"/> Anti-Reverse Meter <input type="checkbox"/> Meter Seal <input checked="" type="checkbox"/> Check Valve <input checked="" type="checkbox"/> N & P Form <input type="checkbox"/> Water Tube <input checked="" type="checkbox"/> Driller Copy <input type="checkbox"/> H & E Letter <input type="checkbox"/> Conservation Plan Date Required: _____ Date Approved: _____ Date to Comply: _____				
10. Use Made of Water From: _____ To: _____				
Date Prepared: 2/15/2023 By: MAM Date Entered: _____ By: _____				

File No. **26611** 11. County: ST Basin: **NF CIMARRON RIVER** Stream: Formation Code: **331** Special Use:

12. Points of Diversion
 Rate and Quantity
 Authorized Additional
 Rate Quantity Rate Quantity
 gpm af gpm af Overlap PD Files

DEL 37823
ENT NENWSE 31 29 41W 2650 1610 755 320 755 320 NONE
CHK 3589

13. Storage: Rate _____ NF Quantity _____ ac/ft Additional Rate _____ NF Additional Quantity _____ ac/ft

14. Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____
 Limitation: _____ af/yr at _____ gpm (_____ cfs) when combined with file number(s) _____

15. 5YR Allocation: Allocation Type _____ Start Year _____ 5 YR Amount _____ Amount Unit _____ Base Acres _____ Comment _____

16. Place of Use CHK MOD DEL ENT PUSE S T R ID	NE¼				NW¼				SW¼				SE¼				Total	Owner	Chg?	Overlap Files
	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼				
CHK 32213																				

Base Acres: Year: Minimum Reasonable Quantity:
 Comments:



Garden City Field Office
4532 W. Jones, Suite B
Garden City, KS 67846

Phone: 620-276-2901
Fax: 620-276-9315
www.agriculture.ks.gov

Mike Beam, Secretary

Laura Kelly, Governor

February 20, 2023

BRYCE A & RHONDA F WILKERSON
PO BOX 568
JOHNSON, KS 67855-0568

RE: Field Office Application for Change
Water Right, File No. 26611

Dear Sir or Madam:

Enclosed is an order executed by the designee of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, approving the application for change under the above referenced file number.

Your attention is directed to the enclosures and to the terms, conditions, and limitations specified in these approvals for change. A condition of this approval is that an acceptable water flow meter must be installed on the diversion works authorized under the referenced file number and meet current specifications. Please return the required notification of completion of the diversion works and installation of the required meter as soon as these actions are completed. Please note the reminder of the existing additional condition attached.

Since the order modifies the original document referred to above, it should be recorded with the Register of Deeds as other instruments affecting real estate.

The abandoned well must be plugged in accordance with the requirements of Article 30 of the Rules and Regulations as adopted by the Kansas Department of Health and Environment.

Should you have any questions, please feel free contact this office. If you would prefer, you could arrange an appointment for additional assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MAM:

Enclosures

pc: Donita Wilkerson Rev Trust
GMD3

CERTIFICATE OF SERVICE

On this 20th day of February 2023, I hereby certify that the foregoing Approval of Application for Change in Point of Diversion, Water Right, File No. 26,611 dated 20th day of February 2023 was mailed postage prepaid, first class, US mail to the following:

BRYCE A & RHONDA F WILKERSON
PO BOX 568
JOHNSON, KS 67855-0568

pc:

GMD3

_____

Division of Water Resources Staff

SE 31-29-41 ST

Submit completed application to:
Kansas Department of Agriculture
Division of Water Resources
Field Office for your area.

Call for address:

Topeka -- (785) 296-5733
Stafford -- (620) 234-5311
Stockton -- (785) 425-6787
Garden City -- (620) 276-2901
<http://agriculture.ks.gov/dwr>

DWR FIELD OFFICE APPLICATION FOR APPROVAL TO CHANGE THE PLACE OF USE AND/OR THE POINT OF DIVERSION



STATE OF KANSAS

Filing Fee Must Accompany the Application, K.S.A. 82a-708b(b), as amended.
Fee Schedule is on the third page of this application form.

Paragraph Nos. 1, 2, 3 & 5 must be completed. Complete all other applicable portions. If change in point of diversion is greater than 100 feet, or if place of use will be changed, include a topographic map or detailed plat showing the authorized and proposed point(s) of diversion and/or place of use.

RECEIVED
3:59 pm
FEB 03 2023

File No. 26611

Garden City Field Office
Division of Water Resources

1. Application is hereby made for approval of the Chief Engineer to change the (check one or both):

Place of Use Point of Diversion

under the water right which is the subject of this application in accordance with the conditions described below.

The source of supply is: Groundwater Surface water

2. Name and address of Applicant: BRYCE A & RHONDA F WILKERSON

PO BOX 568, JOHNSON, KS 67855-0568

Phone Number: (620)353-8326 Email address: _____

Name and address of Water Use Correspondent: Same

Phone Number: () _____ Email address: _____

3. The presently authorized place of use is:

Owner of Land ---- NAME: ALVIN E WILKERSON

ADDRESS: BOX 68, MANTER, KS 67862

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES		
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼			

4. If this application is for a change in place of use, it is proposed that the place of use be changed to:

Owner of Land ---- NAME: Same

ADDRESS: _____

(If there is more than one landowner, attach supplemental sheets as necessary.)

Sec.	Twp.	Range	NE¼				NW¼				SW¼				SE¼				TOTAL ACRES			
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼				

For Office Use Only: Code _____ Fee \$ 200.00 TR # _____ Receipt Date 2-3-23 Check # 5961

5. **Presently authorized point of diversion:**
 One in the SW Quarter of the NW Quarter of the SE Quarter of Section 31, Township 29 South, Range 41 W, in ST County, Kansas, 1404 feet North 2585 feet West of Southeast corner of section.
 Authorized Rate No change Authorized Quantity No change Depth of well _____ (feet)
 (DWR use only: Computer ID No. 2 GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the NE Quarter of the NW Quarter of the SE Quarter of Section 31, Township 29 South, Range 41 W, in ST County, Kansas, 2650 feet North 1610 feet West of Southeast corner of section.
 Proposed Rate No change Proposed Quantity No change Proposed well depth (feet) 620.
 This point is: Additional Well Geo Center List other water rights that will use this point N/A

6. **Presently authorized point of diversion:**
 One in the SE Quarter of the NW Quarter of the SW Quarter of Section 31, Township 29 South, Range 41 W, in ST County, Kansas, 1900 feet North 4200 feet West of Southeast corner of section.
 Authorized Rate No change Authorized Quantity No change Depth of well _____ (feet)
 (DWR use only: Computer ID No. _____ GPS _____ feet North _____ feet West)
 This point will not be changed This point will be changed as follows: No change, point better described with GPS as follows:
Proposed point of diversion: (Complete only if change is requested or if existing point is better described by GPS)
 One in the _____ Quarter of the _____ Quarter of the _____ Quarter of Section _____, Township _____ South, Range _____ (E/W), in _____ County, Kansas, _____ feet North _____ feet West of Southeast corner of section.
 Proposed Rate _____ Proposed Quantity _____ Proposed well depth (feet) _____.
 This point is: Additional Well Geo Center List other water rights that will use this point _____.

7. The changes herein are desired for the following reasons?
 (please be specific) _____

8. If a well, is the test hole log attached? Yes No

9. The change(s) (was)(will be) completed by?

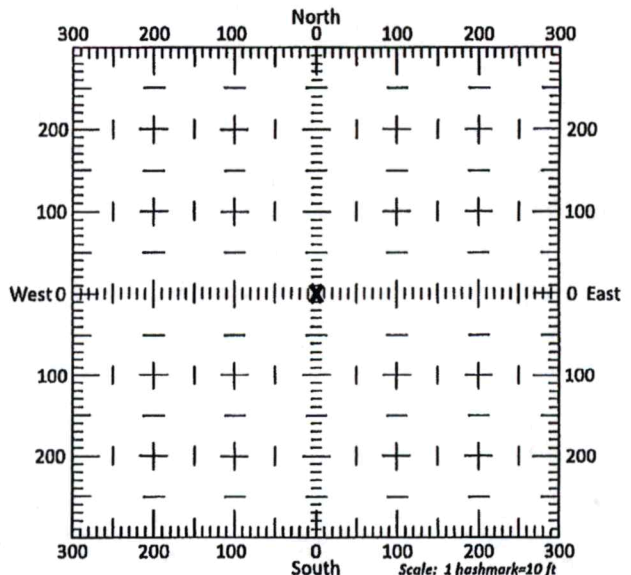
10. If the point of diversion is a well:
 (a) What are you going to do with the old well?

 (b) When will this be done? _____

11. Groundwater Management District recommendation attached?
 Yes No

12. Assisted by mdf/GCFO

13a. If the proposed point of diversion will be relocated more than 300 feet but within 2,640 feet of the existing point of diversion, attach a topographic map or aerial photograph. For groundwater sources, show all wells (including domestic) within one-half mile of the proposed point of diversion and the names and mailing addresses of the owners. For surface water sources, show the names and addresses of the landowner(s) one-half mile downstream and one-half mile upstream from your property lines



13b. If the proposed point of diversion will be relocated within 300 feet of the existing point of diversion, indicate its location on the diagram shown above in relation to the existing point of diversion. (PLEASE NOTE: The "X" in center of diagram above represents the presently authorized point of diversion.)

14. If the proposed groundwater point of diversion is 300 or fewer feet from the existing point of diversion, complete the following:

- (a) Does the undersigned represent all owners of the currently authorized place(s) of use identified in this application?
 Yes No (If no, all owners must sign this application.)
- (b) Will the ownership interest of any owner of the currently authorized place(s) of use identified in this application be adversely affected if this application is approved as requested?
 Yes No (If yes, all owners must sign this application.)
- (c) If this application is not approved expeditiously, will there be substantial damage to property, public health or safety?
 Yes No (If no, all owners must sign this application.)

If the application proposes a surface water change in point of diversion, a groundwater change in point of diversion greater than 300 feet, or a change in place of use, the application must be signed by all owners of the currently authorized place of use, or their duly authorized agent (attach notarized statement authorizing representation).

I hereby verify, being first duly sworn upon my oath or affirmation and under penalty of perjury, that I am of lawful age and the owner, the spouse of the owner, or a duly authorized agent of the owner(s) to make this application on their behalf, in regards to the water right(s) to which this application pertains. I further verify that the statements contained in this application are true, correct and complete.

Dated at Johnson, Kansas, this 3rd day of February, 2023.

<u>Bryce Wilkerson</u> (Owner)	_____	_____	(Spouse)
<u>Bryce Wilkerson</u> (Please Print)	_____	_____	(Please Print)
_____	(Owner)	_____	(Spouse)
_____	(Please Print)	_____	(Please Print)
_____	(Owner)	_____	(Spouse)
_____	(Please Print)	_____	(Please Print)

State of Kansas }
County of Stanton } SS



I hereby certify that the foregoing application was signed in my presence and sworn to before me this 3rd day of February, 2023.

Barbara A. Morris
Notary Public

My Commission Expires March 28, 2024

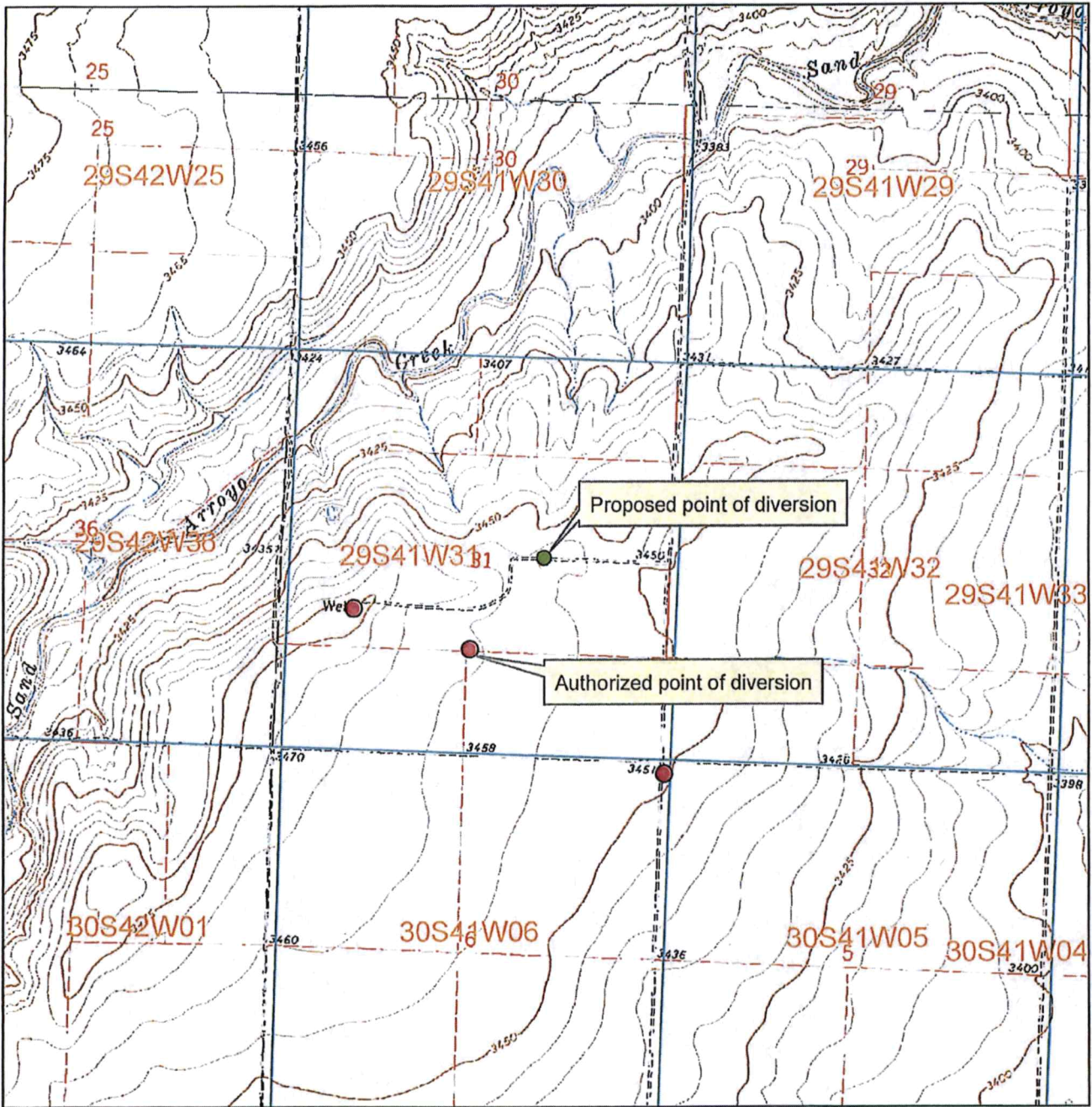
ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. To be complete, all of the applicable portions of the application form must be completed with accurate information; maps, if necessary, must be included; signatures of all the appropriate owners' must be affixed to the application and notarized; and the appropriate fee must be paid.

FEE SCHEDULE

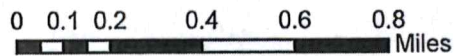
Each application to change the place of use or the point of diversion under this section shall be accompanied by the application fee set forth in the schedule below: Make checks payable to: Kansas Department of Agriculture

(1) Application to change a point of diversion 300 feet or less	\$100
(2) Application to change a point of diversion more than 300 feet	\$200
(3) Application to change the place of use	\$200

Change in point of diversion for water right 26611.



● Authorized point of diversion



● Proposed point of diversion

All wells within 1/2 mile are on this map.

X _____


Bryce Wilkerson


Test Hole # 1 of 8-27-15,

SE 31-29-41 ST

FILE # 26611

Legend

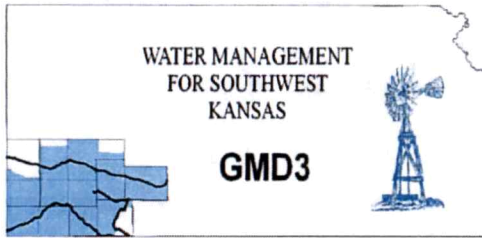
 37.48337 N 101.84041 W

 37.48337 N 101.84041 W

Google Earth

3000 ft





**Southwest Kansas
Groundwater Management District No. 3**
2009 E. Spruce Street
Garden City, Kansas 67846
(620) 275-7147 phone
www.gmd3.org

February 17, 2023

Michael A. Meyer
Division of Water Resources
4532 W Jones Ave., Suite B
Garden City, Kansas 67846

RE: Application for Change in Point of Diversion
Water Right, File No. 26611

Dear Mike:

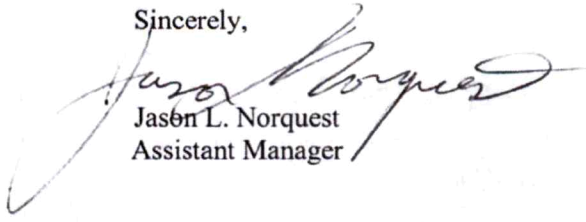
We have completed a review of the application for the above referenced water right. The proposed change in point of diversion is in accordance with current area rules, K.A.R. 5-23-3, as it pertains to minimum spacing to neighboring wells and distance moved.

Well evaluations were partially conducted to estimate possible effects of the proposal on the supply of other wells with water rights prior to the proposal per K.S.A. 82a-708b, and the management program. Under K.S.A. 82a-708b, an applicant requesting a change in point of diversion must demonstrate to the chief engineer that any proposed change is reasonable and will not impair. The enclosed report is an analysis performed by the GMD on behalf of our membership. Under this analysis, the proposed change is considered to be reasonable and unlikely to impair if either the net in-season well-to-well effect of the proposed change is less than a strict maximum allowable threshold (4.0 ft with saturated thickness is greater than 200ft), or if no well with a net well-to-well effect exceeding the threshold is identified as critical. Critical wells could not be identified in this case. Current GMD3 models do not have the data needed for a well of this depth in this particular area. Hence, no critical wells could be determined.

Since the full analysis could not be performed, reliance goes to current minimum spacing for the area. Therefore, GMD3 sees this move as meeting current area rules and would recommend approval. If aquifer conditions change or there is a change to the water right in the future, we would be happy to evaluate the effects at that time.

Thank you for the opportunity to review the applications and to provide a recommendation. If you have any questions, please don't hesitate to contact us.

Sincerely,


Jason L. Norquest
Assistant Manager

RECEIVED

FEB 17 2023

Garden City Field Office
Division of Water Resources

GMD3 Change Review

File No(s): 26611.

DWR office: GC.

App filed to change: PD.

Is Landowner(s) correct in WRIS: Bryce & Rhonda Wilkerson.

If NO, is documentation included?

Is Water Use Correspondent correct in WRIS? .

If NO, is documentation included?

Regulation(s) Reviewed: KAR 5-23-3

Point of diversion ID No(s) 02 being changed.

	ft. North	ft. West	
Authorized PD	1404	2585	Sect 31-29-41
Proposed PD	2650	1610	
Difference	-1246 n	975 e	
$a^2 + b^2 = c^2$	1552516	950625	1582.132 foot move NE

GPS for proposed PD: Lat: 37.48337 Long: -101.84041.

Is proposed PD stacking on existing WRs? No.

Is Proposed PU overlapping existing WRs? No Change.

Neighboring certified well(s) notified: .

Name Jerrold L & Darla F Daniels (23016).

Address 7589 S Road B.

Zip Ulysses, KS 67880.

Email: ramorris1963@gmail.com

Phone: 620-492-1855.

Domestic well(s) notified: .

Name .

Address .

Zip .

Base Acres: .

Perfected Acres: .

Irr. Return-Flow %

Stanton County

Authorized 320AF @ 755gpm. Limitation with other water right on the other PD.

Is a waiver needed: Move is less than half mile. Minimum spacing to neighboring wells appears to be met. Proposed move does not pass the first test of our analysis. Further analysis could not be determined due to current modeling does not show the lower formations. With this in mind, we base the recommendation on meeting current area rules.

Recommendation: After review of available information it appears current area rules are met. Staff therefore recommends approval of the application.



Water Rights and Points of Diversion Within 1 mile of point defined as:

2650 Feet N and 1610 Feet W of the Southeast Corner of Section 31 Twp 29S Rng 41W

Located at: 101.840410 West Longitude and 37.483370 North Latitude

Both SURFACE WATER and GROUNDWATER

File Number	Use	ST	SR	Dist (ft)	Q4	Q3	Q2	Q1	FeetN	FeetW	Sec	Twp	Rng	ID	Batt	Auth_Quan	Add_Quan					
A__ AF	3768	00	IRR	NK	G				2687	--	SE	NW	SW	1900	4200	31	29	41W	1		140.00	140.00
A__ AF	23016	00	IRR	NK	G				3305	--	--	--	--	5100	5100	5	30	41W	1		631.00	631.00
A__ AF	26611	00	IRR	NK	G*				1587	--	SW	NW	SE	1404	2585	31	29	41W	2		320.00	320.00
Same AF									2687	--	SE	NW	SW	1900	4200	31	29	41W	1		317.00	164.00

Total Net Quantities Authorized:	Direct	Storage
Total Requested Amount (AF) =	.00	.00
Total Permitted Amount (AF) =	.00	.00
Total Inspected Amount (AF) =	.00	.00
Total Pro_Cert Amount (AF) =	.00	.00
Total Certified Amount (AF) =	1255.00	.00
Total Vested Amount (AF) =	.00	.00
TOTAL AMOUNT (AF) =	1255.00	.00

Minimum Spacing MET.

An * after the source of supply indicates a pending application for change under the file number.

An * after the ID indicates a 15 AF exemption was granted under the file number.

A "G" in the Batt column indicates the GEO CTR of a battery. A "B" indicates a well in the battery.

The number in the Batt column is the number of wells in the battery.

Water Rights and Points of Diversion Within 1 mile of point defined as:

2650 Feet North and 1610 Feet West of the Southeast Corner of Section 31 Twp 29S Rng 41W

Located at: 101.840410 West Longitude and 37.483370 North Latitude

Both SURFACE WATER and GROUNDWATER

WATER USE CORRESPONDENTS:

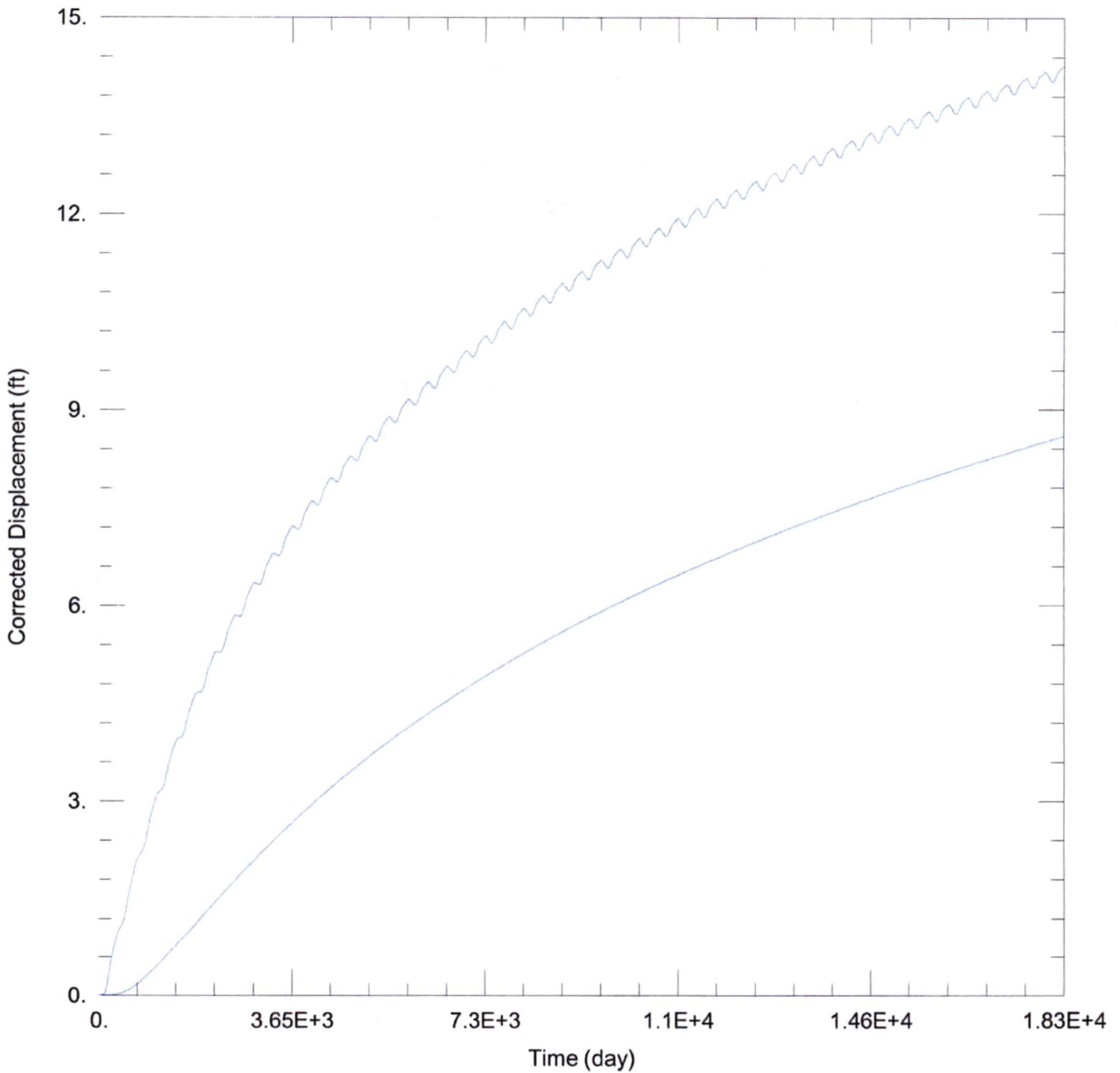
- > File Number Use ST SR
- > BRYCE A & RHONDA F WILKERSON
- >
- > PO BOX 568 *3768*
- > JOHNSON KS 67855
- >-----
- > JERROD L & DARLA F DANIELS
- >
- > 7589 S ROAD B *23016*
- > ULYSSES KS 67880
- >-----
- > BRYCE A & RHONDA F WILKERSON
- >
- > PO BOX 568 *Application*
- > JOHNSON KS 67855
- >-----

23016: Drawdown from current location = 8.58 ft
Drawdown from proposed location = 22.33 ft
Net drawdown = **13.8 ft**

Net drawdown exceeds the drawdown allowance of 4.0 ft for any well within 1 mile of the proposed location. Normally, further analysis would be conducted to determine whether or not these wells are critical, but GMD3 was not able to perform this analysis due to lack of modeled data in the Dakota Aquifer.

Conclusion:

If the proposed well is operated at its fully authorized rate and quantity, it will cause large effects on neighboring wells. This is due to the local aquifer being composed mostly of sandstone, which typically has low transmissivity. Any concerned neighbors should contact GMD3 at (620) 275-7147 or the Division of Water Resources at (620) 276-2901.



WELL TEST ANALYSIS

Data Set: C:\Users\trevora\Documents\2023_moves\26611\26611 Current.aqt

Date: 02/10/23

Time: 15:14:02

PROJECT INFORMATION

Company: GMD 3

Project: 26611

Location: Stanton County

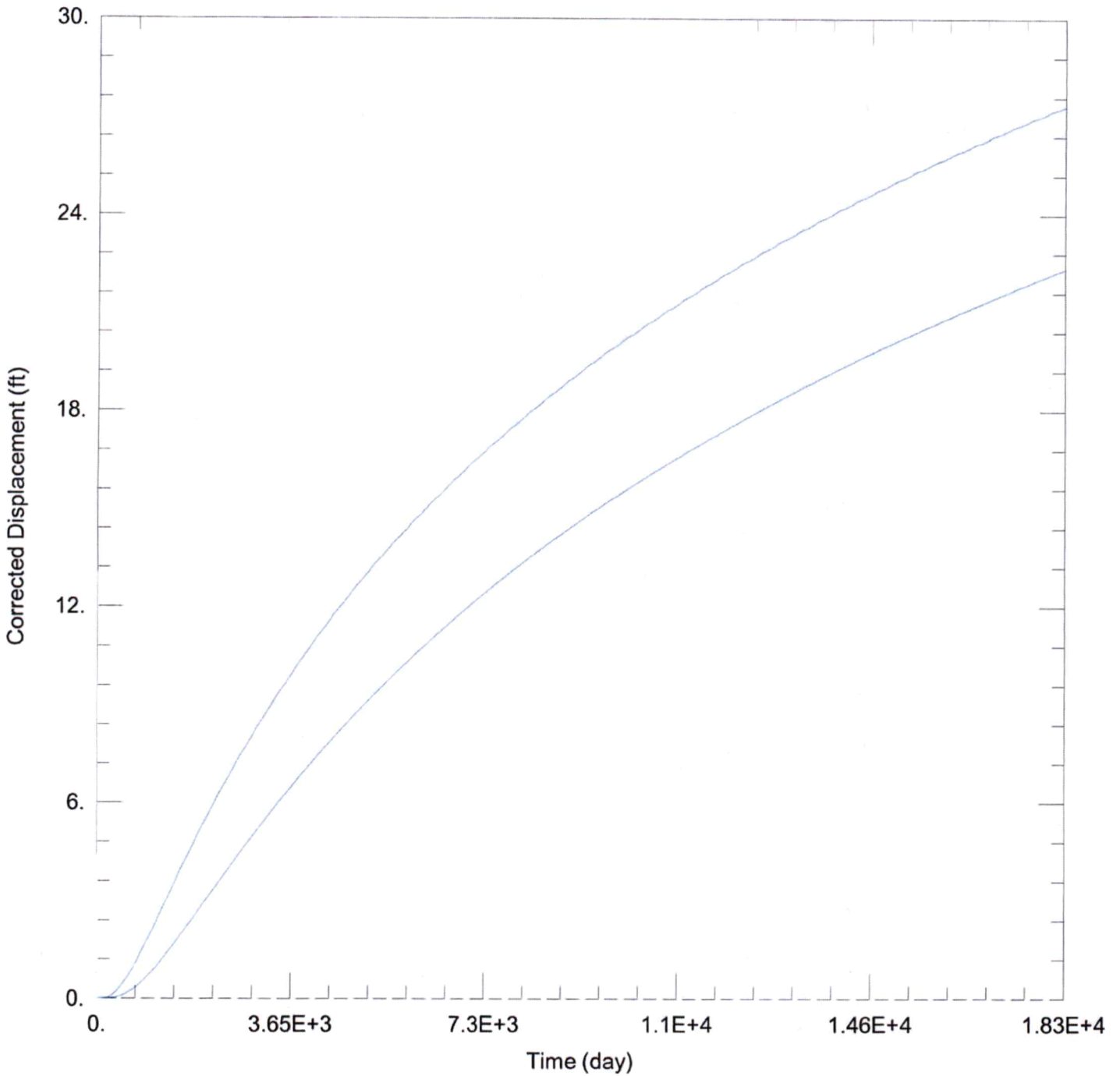
WELL DATA

Pumping Wells

Well Name	X (ft)	Y (ft)
26611	-303040	221950

Observation Wells

Well Name	X (ft)	Y (ft)
□	-303040	221950



WELL TEST ANALYSIS

Data Set: C:\Users\trevora\Documents\2023_moves\26611\26611 Proposed.aqt

Date: 02/10/23

Time: 15:13:53

PROJECT INFORMATION

Company: GMD 3

Project: 26611

Location: Stanton County

WELL DATA

Pumping Wells

Well Name	X (ft)	Y (ft)
26611	-302051	223185

Observation Wells

Well Name	X (ft)	Y (ft)
□	-302051	223185

Garden City Field Office
4532 W. Jones, Suite B
Garden City, KS 67846



Phone: 620-276-2901
Fax: 620-276-9315
www.agriculture.ks.gov

Mike Beam, Secretary

Laura Kelly, Governor

February 6, 2023

SOUTHWEST KANSAS GROUNDWATER
MANAGEMENT DISTRICT NO. 3
2009 E SPRUCE ST
GARDEN CITY KS 67846

Re: Request for Recommendation
Water Right, File No. 26611

Dear Mr. Norquest:

This is to advise you that Bryce Wilkerson filed an application for approval of the Chief Engineer, Division of Water Resources, Kansas Department of Agriculture, to change the point of diversion.

We are delaying action on the change application to allow you time to review and provide a recommendation. Please submit a recommendation within 15 days from the date of this letter.

Thank you and as always feel free to contact this office at any time.

Sincerely,

A handwritten signature in blue ink that reads "Michael A. Meyer".

Michael A. Meyer
Water Commissioner

MAM
Enclosures

Entered in Transfer Record
In My Office This 20 Day of
September A.D. 20 18

Dandra Burton
County Clerk



**STATE OF KANSAS }
STANTON COUNTY } SS.**

This instrument was filed for record on the
20 day of Sept 20 18
at 11:35 o'clock A M and duly recorded
in Book 63 Page 47 Fee \$ 38.⁰⁰
ASusan L Lucas
Register of Deeds



WARRANTY DEED

This Warranty Deed is made the 11 day of September, 20 18 between **Donice Wilkerson, a/k/a Donice S. Wilkerson**, a widow, hereinafter called **Grantor**, and **Donice Wilkerson, Trustee**, or her successors in interest, of the **Donice Wilkerson Revocable Trust dated August 9, 2018, and any amendments thereto**, whose address is PO Box 815, Johnson, Kansas 67855, hereinafter called **Grantee**.

In consideration of the sum of Ten Dollars (\$10.00) cash in hand paid by Grantee to Grantor and other good and valuable consideration, the receipt of which is hereby acknowledged, Grantor does hereby bargain, sell, grant, convey and warrant to Grantee with general warranty all the following described real estate in the county of **Stanton** and the state of **Kansas**:

The Northwest Quarter (NW/4) of Section One (1), Township Thirty (30) South, Range Forty-two (42) West of the Sixth Principal Meridian, Stanton County, Kansas;

The Southwest Quarter (SW/4) of Section One (1), Township Thirty (30) South, Range Forty-two (42) West of the Sixth Principal Meridian, Stanton County, Kansas;

The Southwest Quarter (SW/4) of Section Thirty-one (31), Township Twenty-nine (29) South, Range Forty-one (41) West of the Sixth Principal Meridian, Stanton County, Kansas; and

26611

The Southeast Quarter (SE/4) of Section Thirty-one (31), Township Twenty-nine (29) South, Range Forty-one (41) West of the Sixth Principal Meridian, Stanton County, Kansas;

Except and subject to: all covenants, restrictions and easements of record or apparent on the ground.

*Real Estate Validation Questionnaire is not required, pursuant to
KSA §79-1437e, Exception No. 7.*

Witness the following signature and seal:

Donice Wilkerson
Donice Wilkerson, Grantor

State of Kansas
County of Stanton

This instrument was acknowledged before me on this 11th day of September, 2013, by **Donice Wilkerson**, a widow.

[Signature]
Notary Public
My Commission Expires: 5/8/21



Return To:

Graber & Johnson Law Group, LLC
701 Vilymaca-PO Box 450
Elkhart, KS 67950
Phone: (877) 565-0104

DURABLE POWER OF ATTORNEY

FOR BUSINESS AND PERSONAL AFFAIRS AND HEALTH CARE DECISIONS

STATE OF KANSAS, STANTON COUNTY, SS:

KNOW ALL MEN BY THESE PRESENTS, that I, the undersigned, **Donice Wilkerson**, of Manter, Stanton County, Kansas, have made, constituted and appointed, and by these presents do make, constitute and appoint Bryce Wilkerson, individually in his own capacity, as my true and lawful attorney in fact, for me, in my name and stead and to my use, to perform the following:

- A) Sign all real and/or personal property mortgages, promissory notes, checks, oil and gas leases, agricultural stabilization conservation program papers, division orders, farm out agreements, drafts, and money orders, as well as any and all other evidences of indebtednesses;
- B) Sign all deeds, bills of sale, or other instruments of whatsoever nature necessary to transfer property now owned or hereafter acquired, by the undersigned individually, or owned jointly with other parties;
- C) Sign endorsements on checks, drafts, money orders or other negotiable instruments of whatsoever nature;
- D) Do all things requisite or necessary to make deposits, withdrawals or transfers of any funds from any banks or savings institutions in which I now have accounts or may hereafter acquire accounts;
- E) Sign all other documents of whatsoever nature relating to any and all of my business or personal affairs; including but not limited to the payment of all Federal or State income tax returns, or expenses relating to my personal care;

HEALTH CARE DECISIONS

- 1) Consent, refuse consent, or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition, and to make decisions about organ donation, autopsy and disposition of the body;

- 2) Make all necessary arrangements at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institution, to employ or discharge health care personnel, to include physicians, psychiatrists, psychologists, dentists, nurses, therapists or any other person who is licensed, certified or otherwise authorized or permitted by the laws of this State to administer health care as the agent shall deem necessary for my physical, mental and emotional well being; and
- 3) Request, receive and review any information, verbal or written, regarding my personal affairs or physical or mental health including medical and hospital records and to execute any releases of other documents that may be required in order to obtain such information.
- 4) **Limitations of Authority.** The powers of the agent herein shall be limited to the extent set out in writing in this Durable Power of Attorney for Health Care Decisions, and shall not include the power to revoke or invalidate any previously existing declaration made in accordance with the natural death act.

The agent shall be prohibited from authorizing consent for the following items:

None.

The Durable Power of Attorney for Health Care Decisions shall be subject to the additional following limitations:

None.

- 5) **Effective Time.** This Durable Power of Attorney for Health Care Decisions shall become effective upon my subsequent disability or incapacity.
- 6) **Revocation.** Any Durable Power of Attorney for Health Care Decisions I have previously made is hereby revoked;

hereby giving unto my said attorney in fact, full authority and power to do everything whatsoever requisite or necessary to be done in the premises, as fully as I could or might do if personally present, with full power of substitution and revocation, and hereby ratifying all that my said attorney in fact shall lawfully do or cause to be done hereunder, and I do hereby revoke all previous power of attorneys previously given by me.

This Power of Attorney shall become effective immediately and shall not be affected by my subsequent disability or incapacity or upon the occurrence of my disability or incapacity.

WITNESS MY HAND, this 25th day of February, 1997.

Donice Wilkerson
Donice Wilkerson

Jane E. McKinney
WITNESS

Chepako, Wa.
ADDRESS

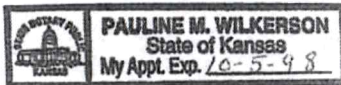
Dorothy A. Sponsel
WITNESS

Janssen, KS
ADDRESS

STATE OF KANSAS, STANTON COUNTY, SS:

BE IT REMEMBERED, that on this 25 day of February, 1997, before me, the undersigned, a Notary Public in and for the County and State aforesaid, came **Donice Wilkerson**, who is personally known to me to be the same person who executed the within DURABLE POWER OF ATTORNEY for Business and Personal Affairs AND Health Care Decisions, and such person duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year last above written.



Pauline M. Wilkerson
Notary Public

My Appointment Expires:
10-5-98