

STATE OF MISSISSIPPI

COUNTY OF SMITH

GENERAL DURABLE POWER OF ATTORNEY

KNOW ALL ME BY THESE PRESENTS:

That I, _____ of _____ County, Mississippi, being of sound mind and memory, do hereby make, constitute and appoint my daughter, Aretha Jacks, as my true and lawful agent and attorney in fact (hereinafter sometimes called "my Attorney-In-Fact"), with full power and authority to act for me, individually, and in my name, place and stead, with reference to the transaction of any and all business, do any and all things, exercise any discretion, and execute and deliver any and all conveyances and other documents of whatsoever kind and character, in or about or with respect to any and all matters and things concerning me or my property, real or personal or mixed, or affairs, as fully and completely as I might lawfully do if present and acting in person with full power of substitution or revocation, and to have all powers and rights that I now possess or may possess hereafter with respect to all of my property. Authority included herein includes the purchase of any real or personal property and to execute any and all contracts, notes or indebtednesses thereon and incur any and all types of debts and indebtednesses and execute any UCC instruments, Deeds of Trust or like type of security instruments for and on my behalf. My attorney in fact has the authority to bank, withdraw, transfer, sign and execute any and all negotiable instruments, checks and other evidences of payment from any and all of my accounts.

Without intending in any manner to limit or diminish the foregoing powers granted to my Attorney-In-Fact, but intending to expand or enlarge on same, I specifically authorize and empower my Attorney-In-Fact to execute in my name and on my behalf such medical insurance forms, including but not limited to Medicare and Medicaid claim forms, and other medical, hospitalization or health insurance forms as may be requested or required on my behalf, including admittance and release forms and authorizations for treatment of any kind; and to make any and all health care decisions for me if I be unable to give informed consent with respect to any given health care decision; and shall have all those powers and rights which are provided by the Durable Power of Attorney For Health Care Act, including any care, treatment, service or procedure to maintain, diagnose or treat any physical or mental condition as well as consent, refusal of consent or withdrawal of consent to health care. However, this General Durable Power of Attorney For Health Care shall not prevail in case of my condition as set forth in that Living Will Declaration executed by me and to be filed with the State Board of Health. Should I ever be in such a State of Health as described by said Living Will Declaration, I direct that such Living Will Declaration shall take precedence over this instrument and this General Durable Power of Attorney shall be considered subordinate to same. If no Living Will Declaration is on file with the State Board of Health, my General Durable Power of Attorney has the authority to act in my behalf as can be contained in a Living Will.

This entire Power of Attorney or any part may be revoked by the undersigned at his pleasure without the consent of anyone, as provided under the laws of the State of Mississippi

STATE OF MISSISSIPPI

COUNTY OF _____

BEFORE ME, the undersigned authority in and for the aforesaid state and county,
personally appeared _____ who acknowledged that she signed and delivered
the foregoing General Durable Power of Attorney on the day and year therein as his own free
and voluntary act and deed.

GIVEN under my hand and official seal on this, the ____ day of _____,
20____.

NOTARY PUBLIC