

MISSISSIPPI DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, Nettie Lucille Gatlin, hereby appoint:

(name)

Terrell Lamar Gatlin

(name of attorney-in-fact)

1115 Windrush Lane, Hernando, Ms. 38632

(home address)

901-527-4443

(work telephone number)

601-429-3957

(home telephone number)

as my attorney-in-fact to make health-care decisions for me in the event I become unable to give informed consent with respect to a given health-care decision.

Subject to my special instructions below, this document gives my attorney-in-fact the full power to make health-care decisions for me, before or after my death, to the same extent I could make decisions for myself and to the full extent permitted by law, including power to grant, refuse, or withdraw consent on my behalf for any health-care service, to make a disposition under the state's anatomical gift act, to authorize an autopsy, and to direct the disposition of remains. My attorney-in-fact also has the authority to talk to health-care personnel, get information, and sign forms necessary to carry out these decisions, and also the power provided in Sections 41-41-101 through 41-41-121, Mississippi Code of 1972, as now enacted or hereafter amended, being the statutes governing the withdrawal of life-saving mechanisms.

Special instructions:

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W.E. DAVIS OR. CLK.

If the person named as my attorney-in-fact is not available or is unable to act as my attorney-in-fact, I appoint the following person to serve in his or her place:

James Darrel Gatlin

(name of alternate attorney-in-fact)

4860 Big Horn Drive South, Nesbit, Ms. 38651

(home address)

N/A

(work telephone number)

601-429-4749

(home telephone number)

By my signature, I do hereby indicate that I understand the purpose and effect of this document.

Prepared by
Ms. Cooperative Extension Service
Ms. State, Ms. 39762

Nettie Lucille Gatlin
Signature

April 22, 1998

Date

Witness Agreement

"I declare under penalty of perjury under the laws of Mississippi that the principal is personally known to me, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as attorney-in-fact by this document, and that I am not a health care provider, nor an employee of a health care provider or facility."

Lila Jay Allen
(first witness' signature)

Lynnette Knight
(second witness' signature)

LILA JAY ALLEN
(first witness' name)

Lynnette Knight
(second witness' name)

1180 COUNTY WINE RD, COLDWATER, MS 38618
(first witness' address)

7848 Missy Cove, Hernando MS 38632
(second witness' address)

"I further declare under penalty of perjury under the laws of Mississippi that I am not related to the principal by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law."

Lila Jay Allen
(signature of first or second witness)

_____ OR _____

State of Mississippi

County of _____

On this _____ day of _____, in the year of 19____,

before me, _____, personally appeared
(insert name of notary public)

_____, personally known to me
(insert name of principal)

(or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

(NOTARY SEAL)

(signature of notary public)

Jurrell Dathin Stern