



(2) **Power to Nominate Conservator.**

To nominate and/or petition for the appointment of my Attorney-in-Fact or any person my Attorney-in-Fact deems appropriate as primary, successor or alternate guardian, guardian ad litem or conservator or to any fiduciary office (all of such offices being hereinafter referred to as "Personal Representative") representing me for any interest of mine or any person for whom I may have a right or duty to nominate or petition for such appointment and to grant to any such personal representative all of the powers under applicable law that I am permitted to grant and to waive any bond requirement for such personal representative that I am permitted by law to waive.

**ARTICLE II**

**HEALTH CARE**

My Attorney-in-Fact is authorized in his sole and absolute discretion from time to time and at any time to exercise the authority described below relating to matters involving my health and medical care. In exercising the authority granted to my Attorney-in-Fact, my Attorney-in-Fact is instructed that he should try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, even blinking my eyes. My Attorney-in-Fact is further instructed that if I am unable to give an informed consent to medical treatment, he shall give or withhold such consent on my behalf based upon any treatment choices that I have expressed while competent, whether under this instrument or otherwise. If my Attorney-in-Fact cannot determine the treatment choice I would want made under the circumstances, then my Attorney-in-Fact should make such choice for me based upon what he believes to be in my best interests. Accordingly, my Attorney-in-Fact is authorized as follows:

(1) **Power of Access and Disclosure of Medical Records.**

To request, receive and review any information, verbal or written, regarding my personal affairs or my physical or mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain such information and to disclose such information to such persons, organizations, firms or corporations as my Attorney-in-Fact shall deem appropriate.

(2) **Power to Employ and Discharge Health Care Personnel.**

To employ and discharge medical personnel, including physicians, psychiatrists, dentists, nurses and therapists, as my Attorney-in-Fact shall deem necessary for my physical, mental and emotional well-being, and to pay them, or any of them, reasonable compensation.

(3) **Power to Give or Withhold Consent to Medical Treatment.**

To give consent to any medical procedures, tests or treatments including surgery, to arrange for my hospitalization, convalescent care, nursing home care, home care and hospice care, to summon paramedics or other emergency medical personnel and seek emergency treatment for me, as my Attorney-in-Fact shall deem appropriate, and under circumstances in which my Attorney-in-Fact determines that certain medical procedures, tests or treatments are no longer of any benefit to me, or, based on instructions previously given by me are not desired by me regardless of benefit, to revoke, withdraw, modify or change consent to such procedures, tests and treatments, as well as hospitalization, convalescent care, nursing home care, home care or hospice care, which I or my Attorney-in-Fact may have previously allowed or consented to or which may have been implied due to emergency conditions.

(4) **Power to Authorize Relief From Pain.**

To consent to and arrange for the administration of pain-relieving drugs of any kind, or other surgical or medical procedures calculated to relieve my pain even though the use may lead to permanent physical damage, addiction or hasten the moment of (but not intentionally cause) my death, and to authorize, consent to and arrange for unconventional pain relief therapies which my Attorney-in-Fact believes may be helpful to me.

(5) **Power to Grant Releases.**

To grant, in conjunction with any instructions given under this article, releases to hospital staffs, physicians, nurses and other medical and hospital administrative personnel who act in reliance on instructions given by my Attorney-in-Fact or who render written opinions to my Attorney-in-Fact in connection with any matter described in this article from all liability for damages suffered or to be suffered by me, to sign documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice" as well as any necessary waivers of or releases from liability required by any hospital or physician to implement my wishes

regarding medical treatment or non-treatment.

### ARTICLE III

#### REFUSAL OF MEDICAL TREATMENT

I wish to live and enjoy life as long as possible, but I do not wish to receive futile medical treatment, which I define as treatment that will provide no benefit to me and will only prolong my inevitable death or irreversible coma. I desire that my wishes be carried out through the authority given my Attorney-in-Fact by this document, despite any contrary feelings, beliefs or opinions of other members of my family, relatives or friends. In exercising the authority given to my Attorney-in-Fact herein, my Attorney-in-Fact shall try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, even by blinking my eyes. My Attorney-in-Fact is further instructed that if I am unable to give an informed consent to medical treatment, my Attorney-in-Fact shall give or withhold such consent for me based upon any treatment choices that I have expressed while competent, whether under this instrument or otherwise. And if my Attorney-in-Fact cannot determine the treatment choice I would want made under the circumstances, then my Attorney-in-Fact should make such choice for me based upon what my Attorney-in-Fact believes to be in my best interests.

Accordingly, if: (1) Two licensed physicians who are familiar with my condition have diagnosed and noted in my medical records that my condition is incurable, terminal and expected to result in my death within twelve months regardless of what medical treatment I may receive, and they have determined that I am unable to give informed consent to medical treatment; or (2) Two licensed physicians who are familiar with my condition have diagnosed and noted in my medical records that I have been in a coma for at least fifteen days and that the coma is irreversible, meaning that there is no reasonable possibility of my ever regaining consciousness, then my Attorney-in-Fact is authorized to sign on my behalf any documents necessary to carry out the authorizations described below, including waivers or releases of liability required by any health care provider and to give or withhold consent to any medical care or treatment, convalescent home, hospice or other medical facility and to require that medical treatment which will only prolong my inevitable death or irreversible coma not be instituted, or, if previously instituted, to require that it be discontinued and to require that procedures used to provide me

with nourishment and hydration not be instituted or, if previously instituted, to require that they be discontinued, but only if the two physicians also determine that I will not experience pain as a result of the withdrawal of nourishment or hydration.

#### ARTICLE IV

##### DURABILITY PROVISION

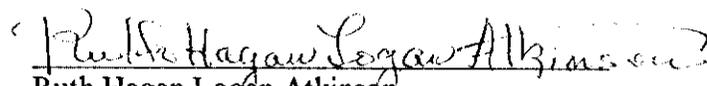
This power shall not be affected by the subsequent disability or incapacity or incompetence of the undersigned as Principal, and all acts done by my Attorney-in-Fact pursuant to this Power of Attorney during any period of my disability or incompetence or any uncertainty as to whether I am dead or alive shall have the same effect and inure to the benefit of and bind me, my heirs, distributees, devisees, legatees and personal representatives as if I were alive, competent and not disabled.

#### ARTICLE V

##### REVOCATION, REMOVAL, AMENDMENT AND RESIGNATION

This instrument may be amended or revoked by me, and my Attorney-in-Fact may be removed by me at any time by the execution by me of a written instrument of revocation, amendment, or removal delivered to my Attorney-in-Fact. If this instrument has been recorded in the public records, then the instrument of revocation, amendment or removal shall be filed or recorded in the same public records. My Attorney-in-Fact may resign by the execution of a written resignation delivered to me, or if I am mentally incapacitated, by delivery to any person with whom I am residing or who has the care and custody of me.

IN TESTIMONY WHEREOF, I have executed this Durable Power of Attorney for Health Care on the 23rd day of June, 2000.

  
Ruth Hagan Logan Atkinson

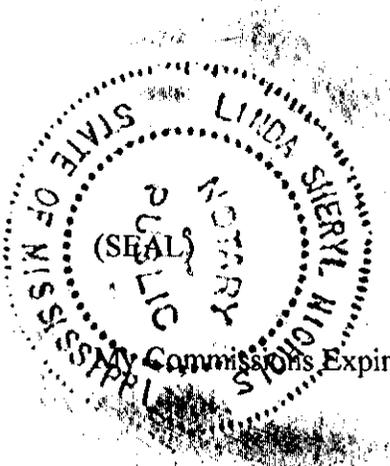
STATE OF MISSISSIPPI

COUNTY OF TATE *Deato*

On this 23rd day of June in the year 2000, before me, a Notary Public, personally appeared Ruth Hagan Logan Atkinson being personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged that she signed, executed and delivered the above and foregoing Durable Power Of Attorney For Health Care on the day and year therein mentioned as her free and voluntary act and deed.

GIVEN under my hand and official seal on this the 23rd day of June, 2000.

*Linda Cheryl Welch*  
NOTARY PUBLIC



PREPARED BY:  
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