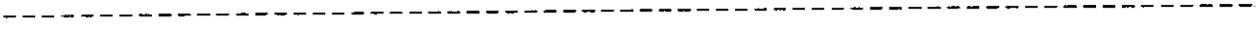


for educational, therapeutic or scientific purposes, and (c) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask your lawyer to explain it to you.

This power of attorney will not be valid for making health care decisions unless it is either (a) signed by two (2) qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature or (b) acknowledged before a notary public in the state.



The durable power of attorney itself may be in substantially the following form, and if so, shall be sufficient to satisfy all requirements of law:

"DURABLE POWER OF ATTORNEY FOR HEALTH CARE"

I, David A. Weaver, hereby appoint:

Sharon McInnis
Name

2860 Ferguson Dr. Merhit ms
Home Address

901-346-3761
Work Telephone Number

601 429-5376
Home Telephone Number

STATE MS. - DESOTO CO.
FILED
OCT 11 4 12 PM '00
BK 87 PG 101
W F B K

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.

Prepared By David Weaver (self)
1812 Edgewood Blvd
Hernando MS 38632
449 0613

Special Instructions:

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:

Name

Home Address

Work Telephone Number

Home Telephone Number

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

David A. Okam

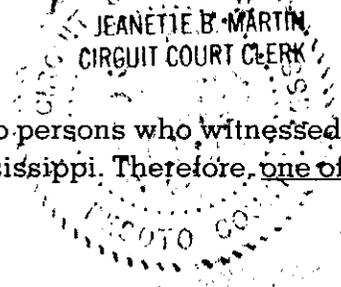
Signature

9-10-96

Date

SWORN TO AND SUBSCRIBED
BEFORE ME THIS 10th DAY
OF Sept 1996

MY COMMISSION EXPIRES JANUARY 3, 2000



The law requires that this document be either (1) signed by two persons who witnessed your signature, or (2) acknowledged by a Notary Public in Mississippi. Therefore, one of the following sections must be completed.

Return to:
Sharon Weaver
1812 Edgewood Blvd
Hernando, MS 38632