

PBK 90 PG 199

STATE MS. - DESOTO CO.

JUN 8 2 57 PM '01

DURABLE POWER OF ATTORNEY

BK 90 199
OK

KNOW ALL MEN BY THESE PRESENTS, that I, **ALEXANDER R. BUCACZ**, **OLIVE BRANCH, MISSISSIPPI**, an adult, of sound mind and memory, have made, constituted and appointed, and by these presents do make, constitute and appoint **my sister, RENE M. BUCACZ of OLIVE BRANCH, MISSISSIPPI**, as my true and lawful attorney-in-fact, for me and in my name, place and stead and for my behalf, and any check and document executed by my said attorney in fact **shall contain the signature of this individual** and she is granted the following powers:

1. To ask, demand, sue for, collect and receive all sums of money, dividends, interest, payments on account of debts and legacies and all property now due or which may hereafter become due and owing to me, and give good and valid receipts and discharges for such payments.

2. To manage real property, to sell, convey and mortgage realty, to foreclose mortgages and to take title to property in my name if my said attorney thinks proper, and to execute, acknowledge and deliver deeds of real property, mortgages, releases, satisfactions and other instruments relating to realty which my said attorney considers necessary.

3. To do business with banks and savings and loan associations, and particularly to endorse all checks and drafts made payable to my order and collect the proceeds.

4. To make such payments and expenditures as may be necessary in connection with any of the foregoing matters, to pay any bills for my upkeep and maintenance, or with the administration of my affairs.

5. To retain counsel and attorneys on my behalf, to appear for me in all actions and proceedings to which I may be party in the courts of Mississippi or of any other state in the United States, or in the United States courts, to commence actions and proceedings in my name if necessary, to sign and verify in my name all complaints, petitions, answers and other pleadings of every description.

6. To sign my name on checks on all accounts standing in my name, and to withdraw funds from said accounts, to open accounts in my name, or in my said attorney, as my attorney in fact.

7. To make and verify income tax returns and to represent me in all income tax matters before any office of the Internal Revenue Service, within the limitations of the applicable Revenue Rulings and Procedures.

8. To make any and all medical decisions in my behalf in the event I am incapacitated to do so and to execute any documents or forms necessary for my health care and to consent to my doctor or any health care provider in giving treatment or stopping treatment necessary to keep me alive and

this documents shall apply to any physician, hospital, or health care provider in or outside the State of Mississippi.

I hereby give and grant to my said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in the premises, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney may do pursuant to this power.

THIS POWER OF ATTORNEY shall not be affected by my subsequent disability or incompetence. Further it is my specific intent that the authority conferred by this instrument shall be exercisable by my attorney in fact, notwithstanding my subsequent disability or incompetency; and all acts done by my said attorney in fact during any period of disability or incompetency, shall have the same affect and inure to the benefit of and bind me, my devisees, legatees and personal representatives, as if I were competent and not disabled.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this the 23rd day of May, 2001.

Alexander R. Bucacz
ALEXANDER R. BUCACZ

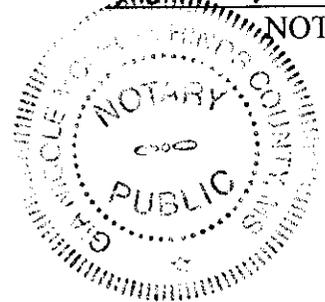
STATE OF MISSISSIPPI

COUNTY OF Rankin

THIS DAY personally appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named Alexander Bucacz who voluntarily acknowledged that he signed and delivered the above and foregoing Power of Attorney on the day and year shown therein.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 23rd day of May, 2001.

Gina Nicole McLeod
NOTARY PUBLIC



MY COMMISSION EXPIRES:
MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES SEPT. 21, 2003
BONDED THRU STEGALL NOTARY SERVICE
(SEAL)

Prepared by Farese, Farese & Farese, P.A.
ATTORNEYS AT LAW
P.O. Box 98
Ashland, MS 38603
Ph. 1-800-748-9612