

PBK 90 PG 272

STATE MS.-DESOTO CO.
FILED
JUN 12 11 35 AM '01

BK. 90 PG. 272
W. K.

POWER OF ATTORNEY

STATE OF MISSISSIPPI

COUNTY OF DESOTO

I, ROBERT D. NOWELL, SSN: 414-62-1460, 10641 Ben Lomond Cove, Hernando, MS 38632, an adult resident of DeSoto County, Mississippi, do by the presents, hereby nominate and appoint as my Agent and Attorney in Fact, all of the powers and authority herein provided, ANNIE L. NOWELL, SSN: 409-16-5454, 7202 Peppermill Lane, Memphis, TN 38125, with full power and authority to act for, in my stead, and in my behalf on all business matters, and particularly, as follows:

(1) To collect and receive all money due me and to be paid to me from rents, interest, Social Security, proceeds from insurance policies, or any other receipts, and give required and legal receipts therefor; to endorse my name to any check or draft payable to me; to clip and cash bond coupons of any kind, either on Series E Bonds or Series EE bonds; to endorse my name to, cash, and receive payment, both principal or interest and to receive any dividends due me and to deposit all of such proceeds and receipts of any kind, in my name in any banking institution in the State of Mississippi, or in any other state, and to write, sign, execute, and draw checks or drafts on my account in any of said banks, and said banks are hereby specifically authorized to cash such checks so signed by them, and to pay and cash any check payable to me and endorsed by my said Agents and Attorneys in Fact.

(2) It may be that I might acquire a lock box, and I hereby authorize and empower my Agent and Attorney in Fact to enter said lock box at any time, open same, and take therefrom, or deposit therein, any papers or valuable things which I may have, and to clip and cash the coupons on any bonds now deposited in said box; and this shall be the authority of said bank to permit my said Agents and Attorneys in Fact to open, enter, and subtract from said lock box any bonds or other valuables which I may have therein.

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(3) I hereby give and grant to my said Agent and Attorney in fact, the power and authority to use any monies which I may have at any time on deposit in any bank, or whichever may be hereafter received by my said Agent and Attorney in Fact from any source, for my welfare and benefit, and to make such arrangements as they deem proper for my hospitalization and any medical treatment that I may require, and to pay the charges for same from any of my assets.

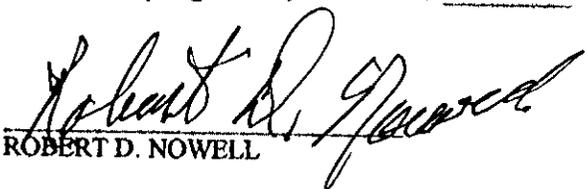
(4) This shall be authority for anyone dealing with my said Agent and Attorney in Fact relative to any of my assets of any kind and description, and shall be the authority for any insurance companies to make such payments directly to them, for any banking institution in the State of Mississippi, or any other state, to permit the handling of my accounts in said banks by them, and their entry into my lock box, and I agree to hold said banks and such insurance companies harmless from any liability of any kind or description because of their handling of my said money, property, or assets.

(5) I hereby appoint said Agent and Attorney in Fact to make health care decisions for me if I become unable to make my own health care decisions. This gives my Attorney in Fact the full power to make health care decisions for me, before or after death, to the same extent I could make decisions for myself and to the full extent permitted by law. My Attorney in Fact has the authority to talk to health care personnel, get information and sign forms necessary to carry out these decisions. This includes deciding which doctor, hospital, and location for my health care to be provided.

(6) This power of attorney shall be affected by the subsequent disability or incompetency of the principal, it being my specific intent that the authority conferred by this instrument shall be exercisable by my Agent and Attorney in Fact, notwithstanding my subsequent disability or incompetency; and all acts done by my Agent and Attorney in Fact, pursuant to this power of attorney, during any period of disability or incompetency, shall have the same affect and inure to the benefit of and bond me, my devisees, legatees, and personal representatives, as if I were competent and not disabled.

(7) By affixing my signature to this document, I hereby revoke all former endowments of Powers of Attorney.

IN WITNESS WHEREOF, I hereunto affix my signature, on this the 12th
Day of June, 2001.


ROBERT D. NOWELL

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Your statement does not usually have to be witnessed. If, however, you have signed by mark (x), two witnesses to the signing who know you must sign below giving their full addresses.

Signature of Witness

Signature of Witness

Number and Street Address

Number and Street Address

City, State and Zip Code

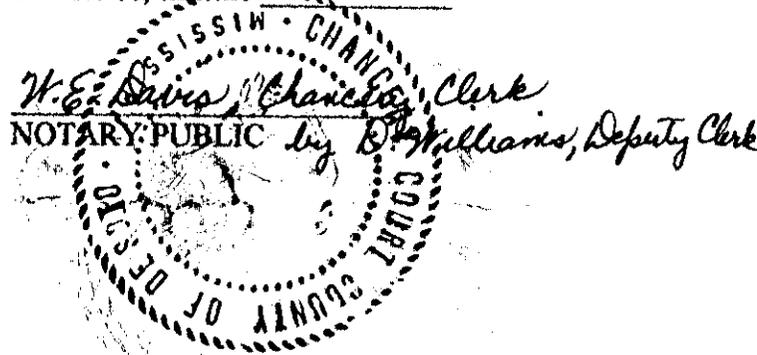
City, State and Zip Code

STATE OF MISSISSIPPI

COUNTY OF DESOTO

THIS DAY, personally appeared before me, the undersigned authority in and for said County and State, the within named, ROBERT D. NOWELL, who, after being first duly sworn by me, acknowledged that he signed, sealed and delivered the foregoing POWER OF ATTORNEY on the date therein shown as his true act and deed.

GIVEN UNDER MY HAND and official seal of office, this the 12th
Day of June, 2001.



(SEAL)

MY COMMISSION EXPIRES:

MY COMMISSION EXPIRES
JAN. 5, 2004

Prepared by Deanne J. Pulse
114 N. North Commerce
Arling, Ms. 38663
837-9899