

DURABLE POWER OF ATTORNEY
FOR HEALTH CARE

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I, **Louise Sharp**, do hereby appoint my daughter, **Nelda J. Smith**, as Attorney in Fact for health care as defined by Section 34-6-2-1, et. Seq. of Tennessee Code Annotated to make any and all health care decisions should I become unable to express my desires. My attorney may make any decisions authorized under Section 34-6-204 of Tennessee Code Annotated including but not limited to the withholding or withdrawing of life prolonging procedures which would only serve to artificially prolong the dying process where there can be no recovery and death is imminent. Nothing herein shall be interpreted to allow the withholding of simple nourishment or fluids so as to condone death by starvation or dehydration.

Louise Sharp
Louise Sharp

Date: August 13, 2001

I declare under penalty of perjury under the laws of Tennessee that the person who signed or acknowledged this document is personally known to me to be the principal, 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, an employee of a health care provider, the operator of a health care institution nor an employee of an operator of a health care institution.

I further declare under penalty of perjury under the laws of Tennessee 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.

WITNESSES:

J. W. ...

...

STATE OF TENNESSEE
COUNTY OF SHELBY

On this 13th day of August, 2001, before me, the undersigned notary public, personally appeared **Louise Sharp**, 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 executed it. I declare under 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.

David E. Burkhardt
NOTARY PUBLIC

My Commission Expires: May 14, 2002

Prepared by: David Burkhardt
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(901) 761-5410



WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document, you should know these important facts:

This document gives the person you designate as your agent (the attorney-in-fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent:

- (1) authorizes anything that is illegal; or
- (2) acts contrary to your desires as stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating physician, hospital or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to:

- (1) authorize an autopsy;
- (2) donate your body parts thereof for transplant or therapeutic or educational or Scientific purposes; and
- (3) direct the disposition of your remains.

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

LAST WILL AND TESTAMENT

OF

LOUISE SHARP

I, LOUISE SHARP, a resident citizen of DeSoto County, Mississippi, being of sound mind and disposing memory, hereby make, publish and declare this my Last Will and Testament in the manner following, hereby specifically revoking any and all Wills and Codicils by me at any time heretofore made.

I.

I direct that my Executrix or her successor, hereinafter named, pay all of my just and legal debts, including the expenses of my last illness and burial, and administration expenses and costs, as soon as practicable after my death, as well as all taxes, estate and inheritance or otherwise, which may be or become due.

II.

I give, devise and bequeath unto my daughter, Nelda J. Smith, all of my estate, real, personal and mixed, wheresoever situate and found, in fee simple and absolute.

III.

In the event I am predeceased by my daughter, Nelda J. Smith, then the share of such child shall pass to her issue alive at the time of my death in equal shares and shall be paid to the legally appointed guardian of said grandchild if he or she shall be under the age of eighteen (18) years.

IV.

I hereby nominate and appoint my daughter, Nelda J. Smith, as Executrix of this, my Last Will and Testament, and direct that she shall not be required to furnish bond, inventory or make accounting or settlement with any court or other authority as such Executrix.

THIS IS THE FIRST PAGE OF THIS, MY LAST WILL AND TESTAMENT.

LOUISE SHARP

IN WITNESS WHEREOF, I have hereunto set my hand this 13th day of August, 2001, and do publish and declare this to be my Last will and Testament in the presence of each and all the subscribing witnesses whom I have requested to act as such by signing their names as attesting witnesses in my presence and in the presence of each other and signing the Affidavit below pursuant to the provision of M.C.A. 91-7-9.

.....
LOUISE SHARP, Testatrix

WITNESSES:

.....
Name Address

.....
Name Address

THIS IS THE SECOND PAGE OF THIS, MY LAST WILL AND TESTAMENT.

.....
LOUISE SHARP

AFFIDAVIT

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STATE OF TENNESSEE
COUNTY OF SHELBY

We, the undersigned, being first duly sworn, make oath that LOUISE SHARP, on the day and date above written, declared and signified to us that the above instrument is her Last Will and Testament; that she then signed said instrument in our sight and presence; that we, at her request and in her sight and presence, and in the sight and presence of each other, then subscribed our names thereto as attesting witnesses; that at the time of the execution the Testatrix was more than eighteen (18) years of age, of sound mind and disposing memory and did not appear under any undue influence and that the undersigned, each being more than eighteen (18) years of age, make and sign this Affidavit at the Testatrix' request on the day and date written above.

Name Address

Name Address

SWORN TO AND SUBSCRIBED before me this 13th day of August, 2001.

My Commission Expires:

Notary Public

THIS IS THE THIRD AND FINAL PAGE OF THIS, MY LAST WILL AND TESTAMENT.

LOUISE SHARP