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DURABLE POWER OF ATTORNEY

STATE OF MISSISSIPPI

COUNTY OF YALOBUSHA

BK 93 PG 320
W.E. DAVIS CH. CLK.

KNOW ALL MEN BY THESE PRESENTS:

That I, **ELEANOR GRACE LEVERETTE EVANS**, of 113 Blount Street, Water Valley, Mississippi 38965 and being of sound mind and memory, do hereby make, constitute and appoint my son, **FRANK EVANS, JR.**, of Calhoun City, Calhoun County, Mississippi, as my true and lawful agent and attorney-in-fact (hereinafter referred to as "my agent"), giving said agent the full power and authority to act for me, individually, and in my name, place and stead, specifically with reference to the making and rendering of any and all health care decisions for me of which I am unable to give informed consent, as fully and completely as I might lawfully do if present and acting in my stead and person and so able to give informed consent, with full power of substitution or revocation.

Without intending in any manner to limit or diminish the foregoing powers granted to my agent, but intending to expand or enlarge upon the same, I specifically authorize and empower my agent, individually, to:

1. Execute in my name and on my behalf such medical insurance forms and consent forms, including but not limited to medicare and medicaid claim forms, and any and all other medical, hospitalization or health insurance forms as may be requested or required on my behalf, including admittance and release forms and authorizations for treatment of any kind, in situations under which I am unable to act for myself and give my own personal informed consent;
2. To make any and all health care decisions for me if I am unable to give informed consent with respect to any given health care situation or decision;
3. With regard to the above authority, my agent shall have all those powers and all those powers and rights which are provided by the Durable Power of Attorney For Health Care Act as set forth in Section 41-41-151 through Section 41-41-183, Mississippi Code of 1972, annotated as amended, including any care, treatment, service or procedure to maintain, diagnose or treat any physical or mental as well as consent or withdrawal of consent to health care;
4. This instrument is executed and delivered in the State of Mississippi, and the laws of the State of Mississippi shall govern all questions as to the validity of this power and the construction of all provisions

contained herein.

5. Third parties may rely upon the representations of my agent as to all matters relating to any power granted thereunto hereunder, and no person who may act in reliance upon the representation(s) of my agent or the authority granted to him by me shall incur any liability to me or my estate as result of my permitting my agent to exercise any power given, granted or authorized unto him hereunder. I do hereby authorize my agent, FRANK EVANS, JR., to:

a. Manage, sell, convey, mortgage, pledge, and deal with all my real property, or interest in realproperty, including, but not limited to, land, farms, gas and oil and mineral rights;b. Tend to any and all matters in reference to my chattel and personal property matters and transactions.

b. Manage, operate and control any and all matters in reference to my banking matters and transactions, including, but not limited to, drawing checks on my bank account in my name, and making withdrawals and deposits thereto and a certified copy of this Power of Attorney filed with any bank or lending institution shall be full authorization for said bank or lending institution acting hereunder.

c. Manage any and all matters in reference to my business matters and transactions; insurance matters and transactions; estate matters or transactions; reports and statements; and any and all matters in reference to claims and litigations; and any and all matters in reference to my bank or savings accounts and deposits with any bank or savings loan association that I could personally do, including withdrawals of sums therefrom and making deposits thereto, all to the same extent that I could do if I were able to do so in person.

I hereby direct that the above-related powers and authority of my said agent shall be so exercisable and effective regardless of the fact that I may be mentally or physically incapacitated or incapable of understanding or unable to express myself or act in my own behalf at the time of any action on my behalf by my agent. Such incapacity, whether mental or physical, that I may exhibit shall not in any way interfere with the authority of my agent herein to act fully on my behalf according to the terms and conditions hereof. In other words, this Durable Power of Attorney shall not be affected by my subsequent disability, incompetence or incapacity.

And I do hereby undertake to ratify and confirm, all and singular, the acts heretofore performed and to be hereinafter performed by my agent, Frank Evans, Jr., acting in my name and on my behalf under the terms and conditions of this instrument.

NOTICE TO PERSON EXECUTING THIS INSTRUMENT

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

This document give the persons you designate as the attorney-in-fact (your agent) the power to make health care decisions for you. This power exists only as to these health care decisions to which you are unable to give informed consent. Your attorney-in-fact or named agent must act consistently with your desires as stated in this document or otherwise made known.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your physician 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.

The document also grants unto your named agent, Frank Evans, Jr., the authority to consent, to refuse to consent or to withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat any and all physical or mental condition or conditions you may suffer from. This power is subject to any statement of your desires and 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 powers of your agents to make health care decision for you if said agent (a) authorizes anything that is illegal; (b) acts contrary to your known desires; or (c) where your desires are not known, does anything that is clearly contrary to your best interests.

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

The agent shall have the right to examine your medical records and to consent to this 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 (a) authorize any autopsy; (b) donate your body or parts hereof for transplant or 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 an attorney, preferably your own personal lawyer, to explain such to you and clarify any and all provisions of this document.

This Durable 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, execute and acknowledge your signature or (b) this document is signed by you and acknowledged before a notary public of this state.

IN WITNESS WHEREOF, I have executed this General Durable Power of Attorney consisting of four (4) pages, this the 18th day of April, A.D., 1997.

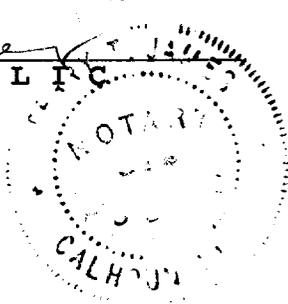
Eleanor Grace Leverette Evans
ELEANOR GRACE LEVERETTE EVANS
Principal

STATE OF MISSISSIPPI
COUNTY OF Calhoun,

PERSONALLY CAME AND APPEARED BEFORE ME, the undersigned authority in and for said county and state, the within named ELEANOR GRACE LEVERETTE EVANS, personally known to me or proved to me by satisfactory evidence to be Eleanor Grace Leverette Evans, who acknowledged before me that she signed and executed the above and foregoing General Durable Power of Attorney which consists of four (4) pages, on this the 18th day of April, A.D., 1997.

I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of a sound mind and under no duress, fraud or undue influence, whatsoever.

18th GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, THIS THE DAY OF April, A.D., 1997.

Gregory J. [Signature]
NOTARY PUBLIC


My Commission expires:
May 18, 2000

Law Office:
Terry T. James
Post Office Box 1223
301 North Main Street
Calhoun City, Mississippi 38916
Telephone: (601) 628-8710
Mississippi Bar No. 9254

McFall Law Firm
7105 Swinnea Rd. Suite 101
Southaven, MS 38671
(662)-349-7780