After recording, return to:
FNF Title Services, Inc.
7145 Swinnea Road, Suite 2
Southaven, MS 38671
(662) 349-6536
File #S 10342

BOOK 0095 PAGE 0777

PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a State, the District of Columbia, or a territory, commonwealth or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

WARNING: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU IN ANY WAY YOU COULD ACT FOR YOURSELF. FOR EXAMPLE, YOUR AGENT CAN: BUY, SELL, AND MANAGE REAL AND PERSONAL PROPERTY FOR YOU (THIS MEANS THAT YOUR AGENT CAN SELL YOUR HOME, YOUR SECURITIES, AND YOUR OTHER PROPERTY); DEPOSIT AND WITHDRAW MONEY FROM YOUR CHECKING AND SAVINGS ACCOUNTS; BORROW MONEY USING YOUR PROPERTY AS SECURITY FOR THE LOAN; PUT THINGS IN AND TAKE THINGS OUT OF YOUR SAFETY DEPOSIT BOX; OPERATE YOUR BUSINESS FOR YOU; PREPARE AND FILE TAX RETURNS FOR YOU AND ACT FOR YOU IN TAX MATTERS; ESTABLISH TRUSTS FOR YOU AND TAKE OTHER ACTIONS FOR YOU IN CONNECTION WITH PROBATE AND ESTATE PLANNING MATTERS; PROVIDE FOR THE SUPPORT AND WELFARE OF YOUR SPOUSE, CHILDREN, AND DEPENDENTS; AND CONTINUE PAYMENTS TO THE CHURCH AND OTHER ORGANIZATIONS OF WHICH YOU ARE A MEMBER AND MAKE GIFTS TO YOUR SPOUSE, DESCENDANTS, AND CHARITIES.

THE POWERS GRANTED BY THIS DOCUMENT WILL EXIST FOR AN INDEFINITE PERIOD OF TIME UNLESS YOU LIMIT THEIR DURATION IN THIS DOCUMENT. THESE POWERS WILL CONTINUE TO EXIST NOTWITHSTANDING YOUR SUBSEQUENT DISABILITY OR INCAPACITY UNLESS YOU INDICATE OTHERWISE IN THIS DOCUMENT.

YOU CAN ELIMINATE POWERS OF YOUR AGENT BY CROSSING OUT ANY ONE OR MORE OF THE POWERS LISTED IN THIS FORM. YOU CAN WRITE OTHER LIMITATIONS AND SPECIAL PROVISIONS IN THIS FORM.

YOU HAVE THE RIGHT TO REVOKE OR TERMINATE THIS POWER OF ATTORNEY AT ANY TIME.

YOU ARE NOT REQUIRED TO USE THIS FORM; YOU MAY USE A DIFFERENT POWER OF ATTORNEY IF THAT IS DESIRED BY THE PARTIES CONCERNED.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK YOUR ATTORNEY TO EXPLAIN IT TO YOU.

Prepared by MAJ Harold W. Fonville, II, Esq., 196 FA BDE, 1801 Holtzclaw Ave., Chattanooga, TN .

DURABLE POWER OF ATTORNEY

KNOW EVERYONE BY THESE PRESENTS, which are intended to constitute a Durable General Power of Attorney pursuant to the Tennessee Code Annotated, Sections 34-6-101, et seq., **THAT I, William Aca Jerome**, having an address at 1700 Brentwood Trace, Southaven MS 38671, hereby make, constitute and appoint my wife **Patricia Hefner Jerome**, having an address at 1700 Brentwood Trace, Southaven MS 38671, my attorney-in-fact TO ACT in my name, place and stead in any way which I could do, if I were personally present, with respect to the following matters as each of them is defined in the Tennessee Code Annotated, Sections 34-6-101, et seq., to the extent that I am permitted by law to act through an agent:

[**DIRECTIONS**: Strike out and initial in the opposite box any one or more of the subdivisions as to which the principal does NOT desire to give the agent authority. Such elimination of any one or more subdivisions (A) through (N), inclusive, shall automatically constitute an elimination also of subdivision (O).]

[To **strike out** any matter draw a line through the matter AND initial the box on the right.]

(A) real estate transactions; [ ]
(B) tangible personal property transactions; [ ]
(C) bond, share and commodity transactions; [ ]
(D) financial institution transactions; [ ]
(E) business operating transactions; [ ]
(F) insurance transactions; [ ]
(G) retirement plan transactions; [ ]
(H) estate transactions; [ ]
(I) claims and litigation; [ ]
(J) tax matters; [ ]
(K) personal relationships and affairs; [ ]
(L) benefits from military service; [ ]
(M) records, reports and statements; [ ]
(N) full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select; [ ]
(O) all other matters. [ ]

In addition, I specifically authorize my attorney-in-fact to deal with tax authorities, to execute and sign on my behalf any and all Federal, state, local and foreign income and gift tax returns, including estimated returns and interest, dividends, gains and transfer returns, for all periods between 1975 and 2050, and to pay any taxes, penalties and interest due thereon; to allocate generation-skipping transfer tax exemptions (within the meaning of Section 2642(a) of the Internal Revenue Code) and to make tax elections; to represent me or to sign an Internal Revenue Service Form 2848 (Power of Attorney or Declaration of Representative) or Form 8821 (Tax Information Authorization), or comparable authorization, appointing a qualified lawyer, certified public accountant or enrolled agent (including my attorney-in-fact if so qualified) to represent me before any office of the Internal Revenue Service or any state, local or foreign taxing authority with respect to the types of taxes and years referred to above, and to specify on said authorization said types of taxes and years; to receive from or inspect confidential information in any office of the Internal Revenue Service or state, local or foreign tax authority; to receive and deposit, in any one of my bank accounts, or those of any revocable trust of mine, checks in payment of any refund of Federal, state, local or foreign taxes, penalties and interest; to pay by check drawn on any bank account of mine or of any revocable trust of mine and have accounts to permit my attorney-in-fact to draw checks for payment of said items; to execute waivers (and offers of waivers) of restrictions on assessment or collection of deficiencies in taxes and waivers of notice of disallowance of a claim for credit or refund; to execute consents extending the statutory period for assessment or collection of such taxes; to execute offers in compromise and closing Agreements under Section 7121 or comparable provisions of the Internal Revenue Code or any Federal, state, local or foreign tax statutes or regulations; to delegate authority or to substitute another representative for any one previously appointed by me or my attorney-in-fact; and to receive copies of all notices and other written communications involving my Federal, state, local or foreign taxes at such address as my attorney-in-fact may designate.

This power of attorney is a durable power of attorney, pursuant to the Tennessee Code Annotated, Sections 34-6-101, et seq., and it shall not be affected by my becoming disabled, incompetent or incapacitated. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

This power of attorney, however, shall terminate on September 3, 2004.

It is my desire and request that no guardian or conservator of my property be appointed in the event of my disability, it being my intention that this durable power of attorney shall permit my attorney-in-fact to act on my behalf. If a guardian or conservator of my property is to be appointed for me, I hereby nominate and appoint Patricia Hefner Jerome to serve as guardian and conservator of my property, without bond or other surety.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this power of attorney may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may

arise against such third party by reason of such third party having relied upon the provisions of this power of attorney.

IN WITNESS WHEREOF, I have executed this power of attorney this 29th day of August, 2002.

William Aca Jerome

WITNESS:

having an address at

3041 Sidco Dr
Nashville, TN 37204

having an address at

3041 Sidco Dr
Nashville TN 37204

STATE OF TENNESSEE, COUNTY OF Shelby, ss.

On this 29th day of August, 2002, before me personally appeared William Aca Jerome, known to me to be the person described in and who executed the foregoing power of attorney, and he acknowledged that he executed the same as his free and voluntary act and deed. I declare under penalty of perjury that William Aca Jerome appears to be of sound mind and under no duress, fraud or undue influence.

Rita Wilson
Notary Public
My commission expires on 7 December 2005

NOTARY PUBLIC WILSON CO. TENN.

AFFIDAVIT THAT POWER OF ATTORNEY
IS IN FULL FORCE AND EFFECT

STATE OF ~~TENNESSEE~~ Mississippi, COUNTY OF DeSoto, ss.

I, Patricia Hefner Jerome, being duly sworn, depose and say:

THAT William Aca Jerome, having an address at 1700 Brentwood Trace, Southaven MS 38671, as principal, did, in a writing dated August 29, 2002, appoint me his true and lawful attorney, and that attached hereto is a true copy of said power of attorney.

THAT I have no actual knowledge or actual notice of the revocation or termination of the aforesaid power of attorney by death or otherwise, or knowledge of any facts indicating the same. I further represent, to the best of my knowledge after diligent search and inquiry, that: said principal is now alive; has not, at any time, revoked, terminated, suspended or repudiated the power of attorney; and the power of attorney still is in full force and effect.

THAT I make this affidavit for the purpose of inducing

to accept delivery of the following instrument(s), as executed by me in my capacity of attorney-in-fact of said principal, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of said instrument(s) and in paying good and valuable consideration therefor:

Dated: September 20, 2002

Patricia Hefner Jerome

Subscribed and sworn to before me
on September 20, 2002
Shelly R. Byrum
Notary Public
My commission expires on

SHELLY R. BYRUM, DESOTO COUNTY, MS
NOTARY PUBLIC
My Commission Expires
May 24, 2004

BOOK 0095 PAGE 0782
STATE MS.-DESOTO CO.
FILED
OCT 2 4 06 PM '02
PBK 95 PG 777
W.E. DAVIS CH. CLK.

HEADQUARTERS, TENNESSEE ARMY NATIONAL GUARD
HOUSTON BARRACKS, 3041 SIDCO DRIVE
NASHVILLE, TENNESSEE 37204-1502

ORDERS 235-285

23 August 2002

JEROME WILLIAM A 428-37-4056 SFC SVC BTRY 3/115 FA
(PBLS0-445) 2610 EAST HOLMES RD MEMPHIS TN 38118

You are ordered to active duty as a member of your Reserve Component Unit for the period indicated unless sooner released or unless extended. Proceed from your current location in sufficient time to report by the date specified. You enter active duty upon reporting to unit home station.

REPORT TO HOME STATION: 03 September 2002, NG ARMORY, MEMPHIS, TN
REPORT TO MOB STATION: 08 September 2002, FT BRAGG, NC
Period of active duty: Not to exceed 365 days
Purpose: Support of Contingency Operation NOBLE EAGLE
Mobilization Category Code: G
Additional instructions:

(a) Sure-Pay is mandatory. Soldier must bring appropriate documentation to support the requirement to authorize Sure-Pay.
(b) Early reporting is not authorized.
(c) Unaccompanied baggage shipment is not authorized. Movement of household goods and dependents is not authorized. Movement by POV or rental car is not authorized.
(d) Excess accompanied baggage is not to exceed 120 pounds. Bring with you complete military clothing bag and appropriate personal items. Personnel requiring eye correction will bring two pair of eyeglasses and eye inserts for a protective mask.
(e) Bring copies of rental or mortgage agreement, marriage certificate, birth certificate, birth certificates of natural children, or documentation of dependency or child support. Bring copies of family care plan, wills, powers of attorney, and any other documentation affecting pay or status.
(f) Government quarters and mess will be used.
(g) Duty is in support of operations as prescribed in Executive Order 13223, September 14, 2001.
(h) Call 1-800-336-4590m (National Committee for Employer Support of the Guard and Reserve) or check on line at www.esgr.org if you have questions regarding your employment/reemployment rights.
(i) Security clearance verified by SFC Sherra Gurley at (DSN) 683-0884 or (COML) 615-313-0884.
(j) SM may be extended 12 additional months at discretion of Sec of Army.

FOR ARMY USE
Auth: 10 USC 12302(a), NTE 24 months in mobilized status
Acct clas:
Enl pay/alw: 97 X 0833.0100 01-1100 P0415B00 11**/12** VTER/F9FP1 S99999
Enl tvl/pd: 97 X 0833.0100 01-1100 P0415C00 21**/22**/25** FTER F9FP1 S99999
Enl pay/alw: NA
Enl tvl/pd: NA
Sex: M
MDC: PM
PMOS/AOS/ASI/LIC: 92Y4, YY , YY
HOR: 1700 BRENTWOOD TRACE , SOUTHAVEN MS38671
DOR: 01-MAY-98
PEBD: 13-OCT-87
Security Clearance: S
Comp: ARNGUS
Format: 165

BY ORDER OF THE GOVERNOR:

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
\\ HQ, TNARNG //
\\ OFFICIAL //
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
JOSEPH WELLS
COL, GS, TNARNG
Deputy Chief of Staff, Personnel

DISTRIBUTION:
M-N-S
PFO (01)
DPOT (03)
196 FA (01)
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