

DURABLE POWER OF ATTORNEY

(1) DESIGNATION OF AGENT: I designate the following individual as my agent to make financial decisions for me:

Bobby G. Wilson
(Name of individual you choose as agent)

2256 Garden Court, San Marcos, TX 78666

(Address; City; State; Zip Code)

512-396-0899, 512-757-5177

(Home phone; Work phone)

STATE MS.-DESOTO CO. pa
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OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a financial decision for me, I designate as my first alternate agent:

PROVIDED THEY HAVE REACHED THE AGE OF TWENTY-ONE (21)

(Name of individual you choose as agent)

(Address; City; State; Zip Code)

(Home phone; Work phone)

(2) **AGENT'S AUTHORITY:** My agent is authorized to make all financial decisions for me, including decisions regarding banking, investment, contracts, retirement, social security, Medicare, Medicaid claim forms, insurance, documents of title, real and personal property, except as I state here:

(3) **WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE:** My agent's authority becomes effective when my primary physician determines that I am unable to make my own financial decisions unless I mark the following box. If I mark this box , my agent's authority to make financial decisions for me takes effect immediately.

Bmw

(4) **AGENT'S OBLIGATION:** My agent shall make financial decisions for me in accordance with this durable power of attorney for my wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make financial decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(5) **NOMINATION OF GUARDIAN:** If a guardian of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as guardian, I nominate the alternate agents whom I have named, in the order designated.

I 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 said 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 hereof. In other words, this Power of Attorney shall not be affected by the subsequent disability, incompetence or incapacity of the principal.

And I do hereby undertake to ratify and confirm, all and singular, the acts heretofore performed and to be hereinafter performed by my said agents, acting in my name and on my behalf.

PRIMARY PHYSICIAN

(6) I designate the following physician as my primary physician:

Dr. Edward Evans

(Name of Physician)

60 Physicians Ln Ste 2, Southaven, MS 38671

(Address; City; State; Zip Code)

901-271-1000

(Phone)

E m w

(7) **EFFECT OF COPY:** A copy of this form has the same effect as the original.

(8) **SIGNATURES:** Sign and date the form here:

6/16/03
(Date)

E.M. Wilson
(Signature)

1325 McInval #814
(Address)

E.M. Wilson
(Printed Name)

HERNANDO, MS 38632
(City, State, Zip)

(9) **WITNESSES:** ATTESTATION

The hereinafter named Witnesses, each declare under penalty of perjury under the laws of the State of Mississippi that the principal is personally known to us, that the principal signed and acknowledged this durable power of attorney in our presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that we are not the person appointed as attorney-in-fact by this document, and that we are not a health care provider, nor an employee of a health care provider or facility. We are not related to the principal by blood, marriage or adoption, and to the best of our knowledge, are 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.

Ginny McCoy
Witness

Carrie Schwegel
Witness

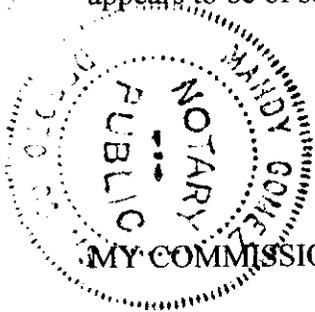
Ginny McCoy
Print Name

Carrie Schwegel
Print Name

E.M.W

STATE OF MISSISSIPPI
COUNTY OF Desoto

On this 16th day of June, in the year 2003, before me, *McGhee* personally appeared *E.M. Wilson*, 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 he/she executed it. I declare under the 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.



Maundy Gormley
NOTARY PUBLIC

My Commission Expires Sept. 4, 2004

Prepared By:
E.M. Wilson & Bobby G. Wilson
1325 McInvale #314
Hernando, MS 38632
662-429-4386