

STATE MS.-DE SOTO CO.

Aug 4 10 51 AM '03

BK 99 PG 532  
S.E. DAVIS CH. CLK.

Prepared by &amp; returned to:

**Leslie B. Shumake, Jr.**  
 Attorney at Law  
 6229-D Cockrum Street  
 P.O. Box 803  
 Olive Branch, MS 38654  
 662-895-5565

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SPECIAL OR LIMITED  
 DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, MICHAEL JAMES TOUCHET, of VERGATE LAFAYETTE (County), LOUISIANA (State), have made, constituted and appointed and by these presents do make, constitute and appoint THERESA COMEAU TOUCHET, of LAFAYETTE (County), LOUISIANA (State), my true and lawful agent and attorney-in-fact (hereinafter referred to as "attorney"), for me and in my name, place and stead to make, execute, acknowledge, amend, modify and deliver in my name such notes, agreements, promises to pay, affidavits, closing statements, contracts, instruments of conveyance, mortgage (including without limitation deeds of trust) or lease, and any and all other instruments, agreements and documents as my said attorney may deem appropriate and that are in any way related to any transaction involving the ownership, maintenance, financing, purchase and/or sale of, or any matter in any way related to, the following described property (the "Property"):

DESCRIPTION: 10191 Tally Ho Drive  
 Lot #: 81 Section: 26 SUBDIVISION: Fox Hunt  
 Township: One South Range 6 West  
 COUNTY: DeSoto CITY: Olive Branch  
 STATE: Mississippi ZIP CODE: 38654

My attorney shall have power to exercise such other powers as may be necessary or desirable in the management of the Property, whether the same be of like kind or character to those herein enumerated or not, so long as related to the Property; in particular my said attorney is hereby enabled to act under changed conditions, the exact nature of which cannot now be foreseen, it being intended to vest in my said attorney, and I do hereby vest in my said attorney, full power to control and manage the Property and hereby giving and granting to my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in connection therewith as fully to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming whatsoever my said attorney shall or may do by virtue hereof.

All powers and authorities hereby granted may be exercised by my said attorney acting alone without the joinder of any other person.

This power of attorney shall not terminate on or be affected by the disability or incapacity of the principal. This power of attorney also shall not terminate or be affected by the lapse of time unless the loan contemplated hereunder is to be insured by the Federal Housing Administration.

The attorney named herein shall not be obligated to furnish bond or other security.

Any authority granted to my attorney herein shall be limited so as to prevent this power of attorney from causing my attorney to be taxed on my income and from causing my estate to be subject to a general power of appointment by my attorney, as that term is defined in Section 2041 of the Internal Revenue Code.

(CONV/FIA)

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I hereby ratify and confirm all that my attorney, or his successors, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers granted herein.

I hereby bind myself to indemnify my attorney herein named and any successor who shall so act against any and all claims, liabilities, demands, losses, damages, actions and causes of action, including expenses, costs and reasonable attorneys' fees which my attorney at any time may sustain or incur in connection with his carrying out the authority granted him in this power of attorney.

This power of attorney and the powers herein granted shall terminate upon the earliest occurrence of (i) my death, (ii) revocation by an instrument in writing, duly executed and acknowledged by me and recorded or filed for record in the office of the County Clerk or Recorder of the County and State in which the Property is located, or (iii) in the event the loan contemplated hereunder is to be insured by the Federal Housing Administration, the expiration of a period of time ending July 23, 2003. It is my intention that any person or any firm, corporation, joint venture, association or other legal entity of any kind or character dealing with my said attorney, or his substitute or substitutes, shall be entitled to rely on the provisions of this paragraph in determining whether or not this power of attorney has been revoked, and I hereby represent to those dealing with my said attorney, or his substitute or substitutes, that they are entitled to rely upon the terms and provisions of this paragraph in determining whether this power of attorney has been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand this 30<sup>th</sup> day of May, 2003

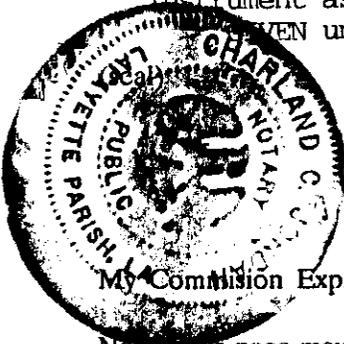
Michael J. Touchet  
MICHAEL J. TOUCHET  
Printed Name

INDIVIDUAL ACKNOWLEDGMENT

STATE OF Louisiana §  
COCA PARISH §  
COUNTY OF Lafayette §  
N/A

THE UNDERSIGNED authority for said Parish and State,  
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PERSONALLY appeared before me, the within named Michael J. ~~Touchet~~ Touchet, who acknowledged that he signed and delivered the above and foregoing instrument as his free and voluntary act and deed, on the day and year stated. GIVEN under my hand and official seal of office this 30th day of May, 2003.



Charland C. Jordan  
NOTARY PUBLIC for the State of LOUISIANA  
Charland C. Jordan  
Printed Name

My Commission Expires: N/A

Note: This page may need to be modified to meet state requirements for Individual Acknowledgment.

(CONV/FIA)