

Nov 26 4 06 PM '03

BK 101 PG 127
W.F. DAVIS OH. CLK.

DURABLE
POWER OF ATTORNEY FOR HEALTH CARE

I, JAY WARREN FARRIS, being of sound and disposing mind and memory, do understand that my wishes as expressed in my Health Care Directive may not cover all possible aspects of my care if I should become incapacitated. Consequently, there may be a need for someone to accept or refuse medical interventions on my behalf in consultation with my physicians. Therefore, I willfully and voluntarily intend to create by this document, a durable power of attorney for my health care, by appointing the person designated as my attorney-in-fact to make health care decisions for myself. This power of attorney shall not be affected by my subsequent incapacity.

I.

In the event I become incapacitated, I do hereby appoint my wife, Eenise Johnson Farris, currently residing at 80 Laughter Road South, DeSoto County, Mississippi 38632, to be my attorney-in-fact for health care.

II.

In the event I become incapacitated and am unable to make health care decisions for myself, this durable power of attorney for health care shall become effective as of the date of the written statement by my physicians, as provided hereinbelow at Paragraph III.

III.

The determination that I have become incapacitated and am unable to make health care decisions shall be made in writing by my treating physician and one other physician, and said written

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Dyre law
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Jackson MS 39211
6019879000


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statement shall be attached to the original document of this durable power of attorney for health care.

IV.

My attorney-in-fact shall have all lawful authority permissible to make health care decisions for me including the authority to consent or withdraw consent or refuse consent to any care, treatment, service or procedure to maintain, diagnose or treat my physical or mental condition EXCEPT that, in the event I am diagnosed in writing to be in a terminal condition or in permanent unconscious condition, no life-sustaining treatment shall be used to artificially prolong the process of my dying, and I shall be allowed a natural death.

V.

Subject to any limitations in this document, my attorney-in-fact has the power and authority to do all of the following:

- a) Request, review and receive any information, verbal or written, concerning my physical or mental health, including, but not limited to, medical and hospital records;
- b) Execute on my behalf any releases or other documents which may be required in order to obtain such information;
- c) Consent to the disclosure of such information.

VI.

In order to implement the health care decisions which my attorney-in-fact is authorized to make by this document, my attorney-in-fact has the power and authority to execute on my behalf all legal instruments as may be necessary including, without limitation, all of the following:

- a) Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice;"
- b) Any necessary waiver or release from liability as may be required by a hospital or physician with respect to refusal to permit treatment or the leaving of hospital against medical advice.

VII.

I intend that this Durable Power of Attorney for Health Care remain effective until I revoke it in writing.

IN WITNESS WHEREOF, I have unto subscribed my name this the 25 day of Nov, 2003.



JAY WARREN FARRIS

The foregoing instrument, consisting of this and three preceding typewritten pages, was signed, published and declared by JAY WARREN FARRIS to be his Durable Power of Attorney for Health Care in our presence, and we, at his request, have subscribed our names hereto as witnesses in his presence and in the presence of each other. We further declare that the said individual, who is personally known to each of us, appears to be of sound mind and under no duress, fraud or undue influence.

Sherry Luttrell residing at 1851 Timberway North
Hernando, MS 38632

Patrice Forster residing at 633D James town
Aura Lake, MS 38637

Daphne Ray residing at 5066 Green Ash Cv.
Memphis, TN 38125

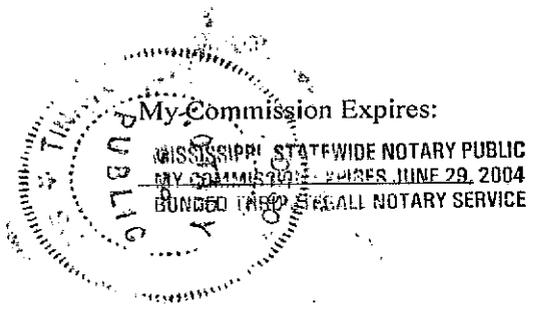
STATE OF MISSISSIPPI

COUNTY OF DeSoto

PERSONALLY came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named JAY WARREN FARRIS, who acknowledged that he signed and delivered the foregoing instrument on the day and year therein mentioned.

GIVEN under my hand and seal, this the 25th day of Nov, 2003.

David Cadogan
NOTARY PUBLIC



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