

STATE MS.-DESOTO CO.

JUN 29 1 42 PM '04

Living Will
Of

JONNIE FRANCIS (HEGGIE) MEHLER 103 PG 582

THE DAVIS CH. CLK.

This document is intended to be the Living Will of *Jonnie Francis (Heggie) Mehler*,
date of birth **October 14, 1917**, a resident of the State of Mississippi.

Signed this Oct 29 day of Oct, 2003

Jonnie Francis Heggie Mehler
Signature of *Jonnie Francis (Heggie) Mehler*

Witnesses:

Jessica Anderson
Signature of: **JESSICA ANDERSON**
(Please print)

1046 Church Rd Suite 101
Address Southaven, MS 38671

Nancy Dahlgren
Signature of: **NANCY DAHLGREN**
(Please print)

1046 Church Rd Suite 101
Address Southaven MS 38671

INSTRUCTIONS:

This document includes a Living Will, Healthcare Proxy and Optional Organ and Tissue Donation form. You can fill out any or all of the forms. Make any changes you want then sign in front of two witnesses. If you want the Living Will, Healthcare Proxy and Optional Organ and Tissue Donation you must sign this document in three places. If you do not want to be an organ donor, do not fill in or sign the optional Organ and Tissue Donation form.

NOTE: This document should be notarized.

In Witness Hereof:

Deen Reese
Signature of Witness

1046 Church Rd, Suite 101
Address Southaven, MS 38671

Prepared by:

Attorney *Joe Marshall*
304 Cheyenne Lane
Clinton, Ar. 72031
(501) 745-6727

Living Will Declaration

By: *Jonnie Francis (Heggie) Mehler*

JONNIE FRANCIS (HEGGIE) MEHLER, Date of Birth:

If I am terminally ill or permanently unconscious, and I am not able to make decisions about my medical treatment, I direct my physician to withhold or withdraw treatment that prolongs the process of my dying and is not necessary to my comfort. Specifically, if I am terminally ill or permanently unconscious;

I do not want antibiotics, surgery, blood product, feeding tubes, artificial breathing machine, cardiac resuscitation (CPR), or kidney dialysis.

In Addition, I am specifically adding the further instructions as follows:

Jonnie Francis Heggie Mehler
Signature:

Instructions:

If you want to be a donor, fill in the following as you wish. If you do not want to be donor do not fill it in.

Optional Organ and Tissue Donation

I, _____, do hereby authorize the donation for transplantation and/or medical research, the following gifts.

Circle the choice you wish to make:

Body Pancreas; Bone(s); Kidneys; Skin; Eyes; Liver; Heart and Heart valves; other _____: All above, or any other body parts deemed necessary.

I further consent to the removal of blood and tissue samples needed for lab tests. I also consent for the Procurement Coordinator and physicians to have access to medical records related to the donation.

In Witness Hereof:

Signature of Witness

Address

Healthcare Proxy

Any time I am temporarily or permanently unable to make healthcare decisions, my healthcare proxy shall be my daughter whose name, address and telephone number is:

Suzanne (nmn) (Mehler) O'Daniel, 3475 Plum Point Drive East,
Olive Branch, MS 38654; telephone number (662) 349-3418

My healthcare proxy may make all decisions about:

My personal care, my medical care and any hospitalizations I may need. Whether I shall receive medical treatment or procedures including artificial feeding or fluid, even though I may die. Visitors, if problems arise concerning visits by friends and family. This document is intended to be a durable power of attorney. In addition, I direct the following instructions be honored:

Signed this 29th day of Oct., 2003.

Jonnie Francis Heggie Mehler
Jonnie Francis (Heggie) Mehler

In Witness Hereof

Debra Pierce

Signature of Witness

1016 Church Rd., Suite 101

Address

Southaven, MS
38671

POWER OF ATTORNEY
Of
Jonnie Francis (Heggie) Mehler

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, Jonnie Francis (Heggie) Mehler, an adult resident of _____ County, State of Mississippi, appoint my daughter Suzanne (nmn) (Mehler) O'Daniel as my agent and attorney-in-fact to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- _____ (A) Real property transactions.
- _____ (B) Tangible personal property transactions.
- _____ (C) Stock and bond transactions.
- _____ (D) Commodity and option transactions.
- _____ (E) Banking and other financial institution transactions.
- _____ (F) Business operating transactions.
- _____ (G) Insurance and annuity transactions.
- _____ (H) Estate, trust, and other beneficiary transactions.
- _____ (I) Claims and litigation.

_____ (J) Personal and family maintenance.

_____ (K) Benefits from social security, Medicare, Medicaid, or other governmental programs, or military service.

_____ (L) Retirement plan transactions.

_____ (M) Tax matters.

J.W.M. XXXX (N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

This Power of Attorney is given to _____ for _____

It is also given to handle any and all other transactions required for my care and maintenance.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become disabled, incapacitated, or incompetent.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 29th day of Oct., 2003.

P BK 103 PG 587

Donnie Francis Heggie Mehler

498-16-7522
(Your Social Security Number)

State of MS)

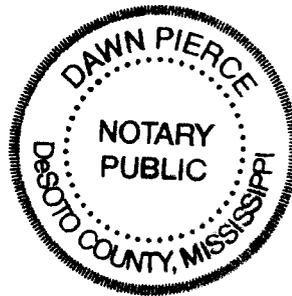
County of DeSoto) ss

This Document was acknowledged before me on
this 29th day of Oct., 2003,
by Donnie Francis Heggie Mehler.

Dawn Pierce
NOTARY PUBLIC

MY COMMISSION EXPIRES
OCTOBER 6, 2006

My commission expires: _____



BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT
ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN
AGENT.