

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

1. DESIGNATION OF HEALTH CARE AGENT.

I, **ANN L. TACKETT**, of DESOTO, County, MISSISSIPPI, hereby appoint the following person my attorney-in-fact, to make health and personal care decisions for me as authorized in this document:

Attorney in fact or Agent: JOHN TACKETT
Address: 4422 Park Av
MEMPHIS, TENNESSEE

2. EFFECTIVE DATE AND DURABILITY.

By this document I intend to create a durable power of attorney pursuant to the Mississippi Durable Power of Attorney for Health Care Act, Mississippi Code 1972 Annotated Sections 41-41-151 through 41-41-183. This power of attorney shall be effective upon, and only during, any period of incapacity in which, in the opinion of my Agent and attending physician, I am unable to make or communicate a choice regarding a particular health care decision. The powers granted herein to my Agent shall be immediately effective and shall not be affected by my subsequent incapacity.

I desire that my wishes as expressed herein be carried out through the authority given to my Agent by this document despite any contrary feelings, beliefs or opinions of members of my family, relatives, friends, conservator or guardian.

3. AGENT'S POWERS.

I grant to my Agent full authority to make decisions for me regarding my health care. In exercising this authority, my Agent shall follow my desires as stated in this document or otherwise known to my Agent. In making any decision, my Agent shall attempt to discuss the proposed decision with me to determine my desires if I am able to communicate in any way. If my Agent cannot determine the choice I would want made, then my Agent shall make a choice for me based upon what my Agent believes to be in my best interests. My Agent's authority to interpret my desires is intended to be as broad as possible, except for any limitations I may state below. Accordingly, unless specifically limited by Section 4, below, my Agent is authorized as follows:

- A. To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including (but not limited to) artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation, and to consent to writing of a "No Code" or "Do Not Resuscitate" order;
- B. To have access to medical records and information, verbal or written, to the same extent that I am entitled to, including the right to disclose the contents to others;
- C. To authorize my admission to or discharge (even against medical advice) from any hospital, nursing home, residential care, assisted living or similar facility or service;
- D. To contract on my behalf for any health care related service or facility on my behalf, without my Agent incurring personal financial liability for such contracts
- E. To hire and fire medical, social service, and other support personnel responsible for my care;

- F. To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of (but not intentionally cause) my death;
- G. To authorize an autopsy, and direct the disposition of my remains, to the extent permitted by law;
- H. To take any other action necessary to do what I authorize here, including (but not limited to) granting any waiver or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force compliance with my wishes as determined by my Agent, or to seek actual or punitive damages for the failure to comply; and
- I. To make advance arrangements for my funeral and burial, including the purchase of a burial plot and marker, and such other related arrangements as my Agent shall deem appropriate, if I have not already done so myself.

4. STATEMENT OF DESIRES, SPECIAL PROVISIONS, AND LIMITATIONS.

A. The powers granted above do not include the following powers or are subject to the following rules or limitations: None

B. Relationship of this Document to Living will and Terminal Conditions.

Nothing herein shall negate the provisions of my Living Will (a signed copy of which is attached hereto), and my Agent is prohibited from ordering or consenting to any medical care that is contrary to my Living Will.

I specifically authorize my Agent to make health care decisions for me if I have a terminal physical condition, as such term is used and expanded upon in my Living Will, and in such event I specifically authorize the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids.

C. Organ Donor Certification.

Notwithstanding my previous declaration in my Living Will and hereinabove, relative to the withholding or withdrawal of life-prolonging procedures, if as indicated below I have expressed my desire to donate my organs and/or tissues for transplantation, or any of them as specifically designated herein, I do direct my attending physician, if I have been determined dead, to maintain me on artificial support systems only for the period of time required to maintain the viability of and to remove such organs and/or tissues. By checking the appropriate line below I specifically:

_____ desire to donate my organs and/or tissues for transplantation.

_____ desire to donate my _____

(Insert specific organs and/or tissues for transplantation.)

DO NOT desire to donate my organs or tissues for transplantation. This certification is executed in accordance with the Mississippi Anatomical Gift Law, Mississippi Code 1972 Annotated Sections 41-39-31 through 41-3951.

5. PROTECTION OF THIRD PARTIES WHO RELY ON MY AGENT.

No person who relies in good faith upon any representations by my Agent or any one or more of the attorneys named in paragraph I above shall be liable to me, my estate, my heirs or assigns, for recognizing the Agent's authority.

6. NOMINATION OF GUARDIAN.

If a guardian or conservator of my person should for any reason be appointed, I nominate my Agent, JOHN TACKETT named above.

7. ADMINISTRATIVE PROVISIONS.

- A. This power of attorney is intended to be valid in any jurisdiction in which it is presented.
- B. My Agent shall not be entitled to compensation for services performed under this power of attorney, but he or she shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provision of this power of attorney.
- C. The powers delegated under this power of attorney are separable, so that the invalidity of one or more powers shall not affect any others.
- D. Words in the singular in this document, including Agent, shall include the plural, and words in the masculine gender shall include the feminine, and vice versa.

BY SIGNING HERE I INDICATE THAT I UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND THE EFFECT OF THIS GRANT OF POWERS TO MY AGENT.

I sign my name to this Health Care Power of Attorney on this 17 day of November, 2004.

My current home address is:

4422 Park Ave
Memphis, TN 38117

Ann L. Tackett
ANN L. TACKETT

STATE OF
COUNTY OF

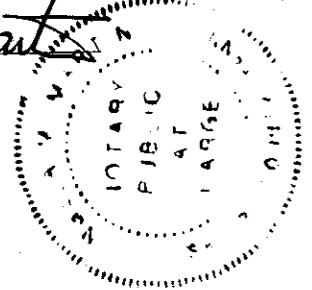
On this 17 day of November, 2004, before me, a Notary Public in and for said State and County, duly commissioned and qualified, personally appeared ANN L. TACKETT, to me known to be the person described in and who executes the foregoing instrument, and acknowledged that she executed the same as her free act and deed. I declare under 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.

Witness my hand and Notarial Seal at **office** the day and year first above written.

Angela M. Mantel
Notary Public

My Commission Expires:

Oct 30, 2006



I declare under penalty of perjury under the laws of Mississippi that the person who signed or acknowledged this document is personally known to me to be the principal; that the principal signed or acknowledged this durable power of attorney in my presence; that the principal appears to be of sound mind and under no duress, fraud, or undue influence; that I am not the person appointed as attorney in fact by this document; that I am not a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of an operator of a health care institution; that I am not related to the principal by blood, marriage, or adoption; that, to the best of my knowledge, I do not, at the present time, have a claim against any portion of the estate of the principal upon his/her death; and that to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will or codicil thereto now existing, or by operation of law.

WITNESSES:

[Handwritten Signature]
[Handwritten Signature]

STATE OF
COUNTY OF

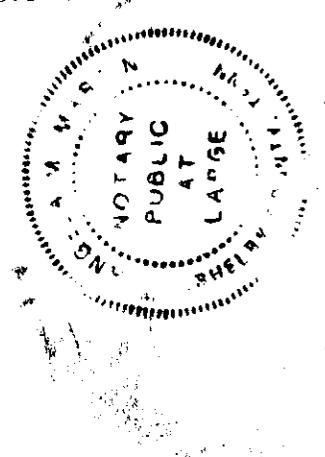
On this 17th day of November, 2004, before me, a Notary Public in and for said State and County, duly commissioned and qualified, personally appeared JAMES REUFRAIN and BRANTLEY ELLZEY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that they 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.

Witness my hand and Notarial Seal at office the day and year first above written.

[Handwritten Signature]
Notary Public

My Commission Expires:

Oct. 30, 2006



Prepared by and return to:
DEBRA PACE BRANAN
170 WEST CENTER ST.
HERNANDO, MS 38632
(662)449-4800