

**ADVANCED DIRECTIVE FOR HEALTH CARE DECISIONS
AND GENERAL POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS:

That I, Bobbie Jean Robinson, a legal resident of Shelby County, Tennessee, being of sound mind, fully aware of my present acts, and over the age of twenty-one (21) years, do by these presents hereby make, constitute and appoint Paulette Robertson, who resides in Memphis, Tennessee, in whom I have explicit confidence, as my true and lawful Attorney-in-Fact to act for me, and in my name, place and stead, for my use and benefit, and without limitation or restriction of any kind, and to manage and conduct all of the affairs of my person and estate, including, but not limited to the following general purposes, to wit:

To do, and to perform, all banking business and transactions, including, but not limited to, the execution of vouchers, the drawing, acceptance, endorsement and negotiation of checks, drafts, bonds, and all other orders, directions and obligations for the payment of money, or the delivery of property, and any, and all, instruments of any kind;

To transfer, assign, convey and/or redeem any, and all, funds, bonds, certificates, securities or debentures;

To negotiate, purchase or terminate any contract of insurance which may be appropriate;

To ask, demand, recover or receive any, and all, sums of money, debts, merchandise or effects due, payable or belonging to me from any person, or persons, whatsoever;

To buy, lease or otherwise acquire, and/or to sell, convey, mortgage or otherwise dispose of any, and all, property whatever and wherever situated, whether it be real or personal; to make, do and transact any, and all, kind of business of whatever nature which may be incident to the management, receipt or disposal of any property I have, or may hereafter acquire; to execute any, and all, necessary documents in the management of my affairs, as hereinabove set forth; to deposit and withdraw any funds on negotiable papers which may now, or may at anytime, be in the hands of any person, institution or corporation;

To act as my Attorney-in-Fact pursuant to, and in accordance with, the terms and provisions of Tennessee Code Annotated (1955), as amended, §34-6-201 *et seq.*, by making any, and/or all, of those medical and "health care decisions", as such are defined by said statute;

It is the intention of the parties to this Advance Directive for Health Care Decisions and General Power of Attorney that they be governed by the Health Care Decisions Act, Pursuant to T.C.A. 68-11-1702(a)(1).

That such "health care decisions" may be made by my appointed Attorney-In-Fact for me before or after my death, to the same extent as I could make health care decisions for myself if I have the capacity to do so, including, but not limited to, making a disposition

under the Uniform Anatomical Gift Act, Tennessee Code Annotated §68-30-101, et seq., authorizing an autopsy pursuant to the Post Mortem Examination Act, Tennessee Code Annotated §38-7-101, et seq., and directing the disposition of my remains pursuant to Tennessee Code Annotated §68-4-101, et seq.

The Attorney-in-Fact, if known to my health care provider to be available and willing to make health care decisions, has priority over any other person to act on my behalf in all matters of health care decisions.

If, following the execution of this Durable Power of Attorney, which includes authority for health care decisions, a court of my domicile appoints a conservator, guardian of my estate, or other fiduciary, such fiduciary shall not have the power to revoke or amend this Durable Power of Attorney nor to replace the Attorney-in-Fact herein designated, notwithstanding the provisions of the Uniform Durable Power of Attorney Act, Tennessee Code Annotated §34-6-101, et seq.

The Attorney-in-Fact is empowered hereunder to make health care decisions on my behalf in the event that I suffer from a terminal condition as defined in Tennessee Code Annotated §32-11-103 (8), as amended by Public Acts of 1991, Chapter No. 344. The decision to withhold or withdraw health care may be made by the Attorney-in-Fact, permitting me to die naturally with only the administration of medications or the performance of any medical procedure deemed necessary to provide me with comfortable care or to alleviate pain; upon making such a decision to permit me to die naturally, I authorize the withholding of artificially provided food, water or other nourishment or fluids. The Attorney-in-Fact, however, is not authorized to consent to the withholding or withdrawal of health care necessary to keep me alive, if I object to the withholding or withdrawal of the health care.

Except to the extent that the right is limited by this Durable Power of Attorney, which includes authority for health care decisions, the Attorney-in-Fact has the same right as I have to receive information regarding the proposed health care, to receive and review medical records, and to consent to the disclosure of medical records.

I DO BY THIS DURABLE POWER OF ATTORNEY grant and give unto said Attorney-in-Fact, Paulette Robertson, full authority and power to perform any, and all, acts necessary or incident to the performance and execution of the powers herein granted, expressly stating that the Attorney-in-Fact has full power to do and perform all acts to carry out any business of which I may be interested and to act in my behalf in all matters and affairs as fully and to all intents and purposes with full power of substitution. This Power of Attorney shall not be affected by my subsequent disability or incapacity, expressly referring to this Power of Attorney as a Durable Power of Attorney, as provided by Tennessee Code Annotated (1955), as amended, §34-6-101, et seq., and I expressly declare that if I should hereafter become mentally, or physically disabled, any such debility of mind, or body shall not operate as a revocation of any of the powers granted herein.

It is my express intention to ratify, approve and confirm any and all lawful acts which my Attorney-in -Fact shall do by virtue of this general power of attorney on behalf of my heirs, personal representatives, executors and administrators. I hereby further expressly provide and direct that this general power of attorney granted to my hereinabove named

Attorney-in-Fact shall remain in full force and effect unless revoked by me in writing.

In accordance with the provisions of Tennessee Code Annotated §34-13-104, in the event a Court of competent jurisdiction is requested by any person to appoint a conservator or other fiduciary charged with the management of any of my property, in considering the person to be appointed as my conservator or other fiduciary designation, I hereby nominate, constitute, appoint, and designate the hereinabove Attorney-in-Fact, Paulette Robertson, as my conservator and expressly waive the requirement that the attorney in fact be required to post any bond for the faithful performance of her duties.

In addition to the general powers heretofore given to Paulette Robertson, I hereby expressly incorporate by reference all of the powers set forth in Section 3 of Chapter 197 of the Tennessee General Assembly of 1991, as codified at Tennessee Code Annotated §34-6-109, *et seq.*, to the extent applicable, all of which provisions and powers are incorporated herein by reference as fully as if copied herein verbatim, and I expressly authorize my Attorney-in-Fact to exercise any or all of them. This instrument is to be construed and interpreted as a general Power of Attorney and the enumeration of specific items, rights, acts or powers herein is not intended to, nor does it, limit or restrict, and it is not to be construed or interpreted as limiting or restricting the general power herein granted to said Attorney-in-Fact.

Acceptance of the appointment is evidenced by the signature of my Attorney-in-Fact, which is hereinbelow subscribed.

WARNING TO THE PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document you should know these important facts.

This document gives the person you designate as your agent (the Attorney-in-Fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving you treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent, to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent: (1) authorizes anything that is illegal; or (2) acts contrary to your desires as

stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating physician, hospital or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to: (1) authorize an autopsy; (2) donate your body or parts thereof for transplant or for therapeutic, educational or scientific purposes; and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask the attorney who prepared this instrument, or any other attorney of your choice, to explain it to you. This warning has been placed in this document in accordance with the requirements of Tennessee statutory law pertaining to powers of attorney for health care decisions.

IN WITNESS WHEREOF, I have hereunto set my hand on this 1st day of

January 2005.

Robert S. Robertson
NAME

Witnesses:
Suzanne Culp LPN
Bobbi Clark

Paula Robertson
Attorney-in-Fact

STATE OF TENNESSEE
COUNTY OF SHELBY

On this 11th day of January 2005, before me, a Notary Public in aforesaid State and County, personally appeared Bobbie Jean Robinson, personally known to me to be the person whose name is subscribed to this instrument, and acknowledged that she executed it as his free act and deed and for the purposes contained therein. 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.

Nancy C. Wisdom

Notary Public



My Commission Expires:

NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE
MY COMMISSION EXPIRES: Aug 19, 2007
BONDED THRU NOTARY PUBLIC UNDERWRITERS

STATE OF TENNESSEE
COUNTY OF SHELBY

I, as a witness to the Durable Power of Attorney, including authority for health care decisions, of Bobbie Jean Robinson, having been first duly sworn, do hereby declare under penalty of perjury under the laws of Tennessee that I am not related to the principal by blood, marriage, or adoption, and 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 the principal's death, nor am I 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. I further declare that I am personally acquainted with the principal, that the principal signed and acknowledged this Durable Power of Attorney in my presence, and that the principal appeared to be of sound mind and under no fraud, duress or undue influence. I further declare that I am not the appointed Attorney-in-Fact, a health care provider or an employee of such, nor the operator of a health care institution or an employee of such.

Debra Culp Lpn

Witness

Bobbie Jean Robinson

Witness

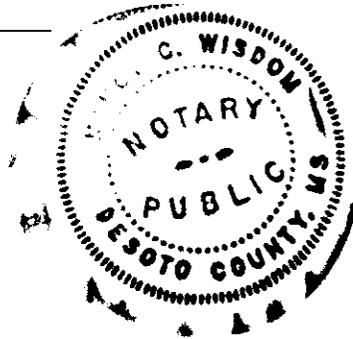
Sworn to and subscribed before me this 11th day of January, 2005.

Nancy C. Wisdom

Notary Public

My Commission Expires:

NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE
MY COMMISSION EXPIRES: Aug 19, 2007
BONDED THRU NOTARY PUBLIC UNDERWRITERS



This document has been prepared by:

Richard Bright
Attorney at Law
147 Jefferson, Suite 1010
Memphis, Tennessee 38103
(901) 544-9336