

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I. DESIGNATION OF HEALTH CARE AGENT. I, Marion L. Wright, Sr., of Nesbit, Mississippi, hereby appoint the following individual as my Agent to make health care decisions for me:

Agent Name: Jerri Wright

Address: 1070 Marion Trail
Nesbit, MS 38651

Phone: Home: (662) 429-6114
Relation: Wife

Work: N/A

A. AGENT'S AUTHORITY. My agent is authorized to make all health care decisions for me if I become unable to make such decisions for myself, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, and that I be permitted to die naturally with only the administration of medications or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain. This document gives my Agent the power to consent, refuse to consent, or withdraw consent on my behalf for any health care, treatment, service, or procedures to maintain, diagnose or treat a physical or mental condition if I become unable to do so myself.

B. CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE. By this document I intend to create a Durable Power of Attorney for Health Care. This power of attorney shall take effect upon my disability, incapacity, or incompetency, as determined by my primary physician, and shall continue during such disability, incapacity, or incompetency.

C. GENERAL STATE OF AUTHORITY GRANTED. Subject to my special instructions below, this document gives my agent the full power to make health care decisions for me, before and after my death, to the same extent I could make decisions for myself and to the full extent permitted by law, including power to grant, refuse or withdraw consent on my behalf for any health care service, to make a disposition under the state of Mississippi's anatomical gift act, to authorize an autopsy, and to direct the disposition on my remains, including the power to direct the withdrawal and withholding of artificially provided food and fluids. My Agent also has the authority to talk to health care personnel, get information and sign forms necessary to carry out these decisions, and also the power provided in Sections 41-41-101 through 41-41-121, Mississippi Code of 1972, as now enacted or hereafter amended, being the statutes governing the withdrawal of life-saving mechanisms. In exercising the authority, my agent shall make health care decisions that are consistent with my desires as stated in the document or otherwise made known to my agent.

MLW Sr.

If my desires regarding a particular health care decision are not known to my attorney-in-fact ("agent"), then my agent shall make the decision for me based upon what my agent believes to be in my best interests. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

D. LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT: None

E. AUTOPSY, ANATOMICAL GIFTS, DISPOSITION OF REMAINS. I authorize my Agent, to the extent permitted by law, to make anatomical gifts of part or all of my body for medical purposes, authorize an autopsy, and direct the disposition of my remains.

F. DURATION. I understand that this Durable Power of Attorney exists indefinitely from the date I execute this document unless I establish a short time or revoke the power of attorney. If I am unable to make health care decisions for myself when this Durable Power of Attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

II. DECLARATION. In the absence of my ability to give directions regarding my medical care, it is my intention that this Declaration shall be honored by my agent and physicians as the final expression of my legal right to refuse medical care and accept the consequences of such refusal.

DECLARATION made on this 15TH day of AUGUST, 2004

A. END-OF-LIFE DECISIONS.

 Choice To Prolong Life

 ✓ **Choice Not To Prolong Life**

I, Marion L. Wright, Sr., being of sound mind, do not want my life prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, my physician with the concurrence to two (2) other physicians, believes that there is no expectation of my regaining consciousness or a state of health that is meaningful to me and, but for the use of life-sustaining mechanisms, my death would be imminent, I desire that the mechanisms be withdrawn so that I may die naturally. It is not my intent to have mechanisms withdrawn that are deemed necessary to provide me with comfort care. It is my intent that the term "terminal condition" includes a permanently unconscious condition or coma, regardless whether death is imminent.



C. STATEMENT OF INTENTIONS. It is my intent that this document be legally binding and effective. If the law does not recognize this document as legally binding and effective, it is my intent that this document be taken as a formal statement of my desire concerning the method by which any health care decisions should be made on my behalf during any period in which I am unable to make such decisions.

I understand the full import of this document and the effect of this grant of powers to my Agent, and I am emotionally and mentally competent to make this declaration. In acknowledgement of this declaration, I have signed my name this 15TH day of AUGUST, 2004

Signature:

Marion L. Wright Sr.

Name: Marion L. Wright, Sr.
 Address: 1070 Marion Trail
 DeSoto County
 Mississippi 38651
 Birthdate: July 20, 1938
 SSN: 428-84-4943

M. L. Wright Sr.

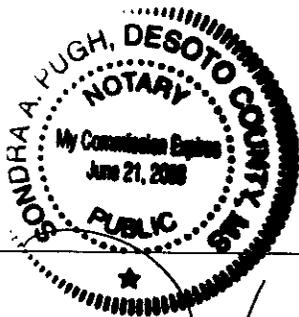
STATE OF MISSISSIPPI

COUNTY OF DESOTO

On this the 10 day of August in the year 2004, before me,
Jondya Pugh appeared Marion Wright, Sr.
(Notary Public Name)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she, Jerri Wright, executed it. I declare under the penalty of perjury that Jerri Wright., appears to be of sound mind and under no duress, fraud or undue influence.

Notary Seal:



My Commission Expires: _____

Jondya Pugh
(Signature of Notary Public)