12/28/05 9:44:26
BK 112 PG 132
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

GENERAL POWER OF ATTORNEY

I, Frank Gage Wright,Sr., residing at 411 Hill Street # 107, Hernando, Mississippi 38632, hereby appoint Diane Hendrick of 1651 Farkleberry, Cordova, Tennessee 38016, as my Attorney-in-Fact ("Agent").

I hereby revoke any and all general powers of attorney and special powers of attorney that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.

   a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.

   b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.

   c. Have access to any safe deposit box that I might own, including its contents.

2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.

3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.

4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.

5. Enter into binding contracts on my behalf.

FGW Sr

Prepared By:

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6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, or other investments.

7. Maintain and/or operate any business that I may own.

8. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.

9. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.

10. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:

a. Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.

b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).

c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).

11. Make gifts from my assets to members of my family and to such other persons or charitable organizations with whom I have an established pattern of giving. However, my Agent may not make gifts of my property to the Agent.

12. Transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer.

13. Disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent

JGW

necessary to prevent this Power of Attorney from causing: (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated Dec. 27, 2005 at Southaven, Mississippi.

Frank G. Wright, Sr.

Frank Gage Wright,Sr.

FGW Sr.

Stella Epperson
Witness Signature

Brittany Fitzgerald
Witness Signature

STATE OF ~~MISSISSIPPI~~ Tennessee, COUNTY OF Shelby, ss:

The foregoing instrument was acknowledged before me this 27th day of December, 2005 by Frank Gage Wright,Sr., who is personally known to me or who has produced _____ as identification.

MELISSA FITZGERALD
NOTARY PUBLIC AT LARGE
SHELBY COUNTY, TENNESSEE

Melissa Fitzgerald
Signature of person taking acknowledgment

Melissa Fitzgerald
Name typed, printed, or stamped

_____
Title or rank

MY COMMISSION EXPIRES MAY 1, 2006.

_____
Serial number (if applicable)

Prepared By:
Diane Hendrick
Daughter
1651 Farkleberry
Cordova, TN 38016
(901) 624-6478
(901) 834-1323

STATE OF TENNESSEE
Office of Vital Records

BK 112 PG 136

483

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF PUBLIC HEALTH – STATE OF TENNESSEE – DIVISION OF VITAL STATISTICS

No. 141- 63-72983

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WHEN PLACED IN THE PERMANENT FILE.

TYPE OR WRITE ONLY PRINT OR BLACK INK. IF ONE LINE IS INSUFFICIENT, SIGN BLACK INK.

ATTENDANT SIGN. POWER NATURE CANNOT BE DELEGATED.

ATTENDANT MUST FILE THIS CERTIFICATE WITH THE LOCAL REGISTRAR WITHIN 10 DAYS AFTER BIRTH.

MOTHER'S MAILING ADDRESS. A FREE CERTIFICATE COPY OF THIS CERTIFICATE WILL BE SENT TO HER.

ITEMS 21-23 ARE FOR MEDICAL AND HEALTH USE ONLY AND WILL NOT APPEAR ON COPIES.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE – PUBLIC HEALTH SERVICE

1. NAME OF CHILD: Martha (First) Diane (Middle) Wright (Last)

2. SEX: Female

3A. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

3B. IF TWIN OR TRIPLET, THIS CHILD BORN: 1ST [ ] 2ND [ ] 3RD [ ]

4. DATE OF BIRTH (Month Day Year): Oct. 31, 1963

5. PLACE OF BIRTH
A. COUNTY: Shelby
B. CIVIL DISTRICT:
C. CITY OR TOWN: Memphis
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. NAME OF (IF NOT IN HOSPITAL, GIVE STREET ADDRESS OR LOCATION) HOSPITAL: Methodist

6. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Miss.
B. COUNTY: DeSoto
C. CIVIL DISTRICT:
D. CITY OR TOWN: Nesbitt
E. INSIDE CITY LIMITS? YES [ ] NO [X]
F. STREET ADDRESS (OR LOCATION): Box 124
G. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

FATHER OF CHILD

7. FULL NAME: Frank (First) Gage (Middle) Wright (Last)

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or Foreign Country): Mississippi

11A. USUAL OCCUPATION: Dairy Farmer

11B. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: Martha (First) Alma (Middle) Hall (Last)

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or Foreign Country): Tennessee

16A. USUAL OCCUPATION: Housewife

16B. KIND OF BUSINESS OR INDUSTRY:

17. PREVIOUS DELIVERIES TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)
A. HOW MANY OTHER CHILDREN ARE NOW LIVING? 1
B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
C. HOW MANY FETAL DEATHS? (BORN DEAD AFTER 20 WEEKS OF PREGNANCY) 0

18. MOTHER'S MAILING ADDRESS: Box 124 Nesbitt, Mississippi

RECEIVED BY STATE NOV 25 '63

19. SIGNATURE
A. I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE
NAME: Jack B. Young
M.D. [X] D.O. [ ] MID. WIFE [ ] OTHER (SPECIFY)
B. ADDRESS: 188 So. Bellevue
C. DATE SIGNED

20A. REGISTRATION DISTRICT NO. 791

20B. DATE RECEIVED BY LOCAL REGISTRAR: NOV 12 1963

20C. REGISTRAR'S SIGNATURE: L.M. Graves by Lise Lackey Deputy

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
STATE REGISTRAR

Date Issued Apr-07-2005

CERTIFICATION OF VITAL RECORD