

**DURABLE, GENERAL AND UNRESTRICTED POWER OF ATTORNEY
AND
POWER OF ATTORNEY FOR HEALTH CARE PURPOSES**

DURABLE GENERAL AND UNRESTRICTED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, **MARY ELIZABETH BARRETT ROGERS**, whose address is 2065 Green Port Drive, Hernando, Mississippi 38632, Tel. No. (662) 449-5527, have made, constituted and appointed, and by these presents do hereby make, constitute and appoint my husband, **DAVID EDWARD ROGERS**, whose address is 2065 Green Port Drive, Hernando, Mississippi 38632, Tel. No. (662) 449-5527, my true and lawful attorney in fact, for me and in my name, place and stead and on my behalf and for my use and benefit:

1. To exercise or perform any act, power, duty, right or obligation whatsoever that I now have, or may hereafter acquire the legal right, power, or capacity to exercise or perform, in connection with, arising from, or relating to any person, item, transaction, thing, business property, real or personal, tangible or intangible, or matter whatsoever;

2. To request, ask, demand, sue for, recover, collect, receive, and hold and possess all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension and retirement benefits, insurance benefits and proceeds, any and all documents of title, chooses in action, personal and real property, intangible and tangible property and property rights, and demands whatsoever, liquidated or unliquidated, as now or shall hereafter become, owned by or due, owing, payable to or belonging to me or in which I have or may hereafter acquire interest, to have, use and take all lawful means and equitable and legal remedies, procedures, and writs in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same, and to make, execute, and deliver for me, on my behalf and in my name, all endorsements, acquittances, releases, receipts or other sufficient discharges for the same;

3. To lease, purchase, exchange, and acquire, and to agree, bargain and contract for the lease, purchase, exchange and acquisition of, and to accept, take, receive and possess any real or personal property whatsoever, tangible or intangible, or interest

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thereon, on such terms and conditions and under such covenants as said attorney in fact shall deem proper;

4. To maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens, mortgage, subject to deeds of trust and hypothecate, and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I now own or may hereafter acquire, for me, in my behalf, and in my name and under such terms and conditions, and under such covenants, as said attorney in fact shall deem proper;

5. To conduct, engage in, and transact any and all lawful business of whatever nature or kind for me, on my behalf, and in my name;

6. To make, receive, sign, endorse, execute, acknowledge, deliver, and possess such applications, contracts, agreements, options, covenants, conveyances, deeds, trust deeds, security agreements, bills of sale, leases, tax returns, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bills, bonds, debentures, checks, drafts, bills of exchange, letters of credit, notes, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposits in, or certificates of deposit of, banks, savings and loan or other institutions or associations, proofs of loss, evidence of debts, releases, and satisfaction of mortgages, liens, judgments, security agreements, and other debts and obligations and such other instruments in writing of whatever kind and nature as may be necessary or proper in the exercise of the rights and powers herein granted;

7. My said attorney in fact shall have the right to sign checks on any bank accounts that I may have, wherever located, and to endorse my name on any checks that are payable to me and to deposit same, and he/she is authorized to go into any bank lock boxes that I may own and to do all things in connection with any accounts that I may have in banks, savings and loan associations or any other institution the same as I would do if personally present;

8. I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the

exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his/her substitute or substitutes, shall lawfully do or cause to be and the rights and done by virtue of this power of attorney and the rights and powers herein granted.

9. The said attorney in fact shall have full power to execute oil, gas and mineral leases on any lands and minerals that I may own and to collect all annual delay rentals, bonuses, and other benefits accruing under any said lease.

10. This instrument is to be construed and interpreted as a general power of attorney. The enumeration of specific items, rights, acts or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to said attorney in fact.

11. The said attorney in fact is given the power to sign all instruments in connection with papers for hospitalization, or rest home or any other medical facility and to make all health care decisions for me under Mississippi Code Section 41-41-201, et seq..

12. The rights, powers and authority of said attorney in fact herein granted shall commence and be in full force and effect from and after the date hereof, and such rights, powers, and authority shall remain in full force and shall not be affected by the subsequent disability or incompetence of the principal.

13. In the event that David Edward Rogers predeceases me, is incapable of serving or is removed by me as my attorney in fact or refuses to serve or resigns as my attorney in fact, then I name and appoint my son, **MARCUS CHARLES ROGERS**, whose address is 559 28³/₄ Rd, Grand Junction, CO 81501, Tel. No. (970)257-7383 as my alternate attorney in fact, with all of the rights and powers granted to my attorney in fact herein.

14. The right, power and authority of any attorney in fact or agent appointed by me herein to exercise any and all of the rights and powers herein granted shall remain in full force and effect, **NOTWITHSTANDING MY SUBSEQUENT DISABILITY OR**

INCOMPETENCE, until revoked by me, in writing, by an instrument of revocation filed and recorded in the office of the Chancery Clerk of Desoto County, Mississippi.

**POWER OF ATTORNEY FOR HEALTH-CARE PURPOSES
AND ADVANCE HEALTH-CARE DIRECTIVE**

KNOW ALL MEN BY THESE PRESENTS, that I, **MARY ELIZABETH BARRETT ROGERS**, an adult resident citizen of Desoto County, Mississippi, whose address is 2065 Green Port Drive, Hernando, Mississippi 38632, Tel. No. (662) 449-5527, do hereby make this my *Power of Attorney for Health-Care Purposes and Advance Health-Care Directive* as follows:

You have the right to give instructions about your own health care. You also have the right to name someone else to make health-care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health-care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may name an alternate agent to act for you if your first choice is not willing, able or reasonably available to make decisions for you. Unless related to you, your agent may not be an owner, operator, or employee of a residential long-term health-care institution at which you are receiving care.

Unless the form you sign limits the authority of your agent, your agent may make all health-care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health-care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

(a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition;

- (b) Select or discharge health-care providers and institutions;
- (c) Approve or disapprove diagnostic tests, surgical procedures, programs of medication, and orders not to resuscitate; and
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care.

Part 2 of this form lets you give specific instructions about any aspect of your health care. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, including the provision of artificial nutrition and hydration, as well as the provision of pain relief. Space is provided for you to add to the choices you have made or for you to write out any additional wishes.

Part 3 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end and have the form acknowledged by use of the special acknowledgment form at the end of this document. Then have the document recorded in office of the Chancery Clerk in the county in which you reside. Give a copy of the signed and completed form to your physician, to any other health-care providers you may have, to any health-care institution at which you are receiving care, and to any health-care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health-care directive or replace this form at any time. This form describes how you can revoke it.

PART 1

POWER OF ATTORNEY FOR HEALTH CARE

(1) **DESIGNATION OF AGENT:** I designate the following individual as my agent to make health-care decisions for me:

DAVID EDWARD ROGERS

(name of individual you choose as agent)

2065 Green Port Drive,
(address)

Hernando,
(city)

MS
(state)

38632
(zip code)

(662) 449-5527

(home phone)

(work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health-care decision for me, I designate as my first alternate agent:

MARCUS CHARLES ROGERS

(name of individual you choose as first alternate agent)

559 28³/₄ Rd, Grand Junction, CO 81501

(address)

(city)

(state)

(zip code)

970-257-7383

(home phone)

970-248-1701

(work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health-care decision for me, I designate as my second alternate agent:

William David Rogers

(name of individual you choose as second alternate agent)

228 N. Parkway, Hernando, MS 38632

(address)

(city)

(state)

(zip code)

662-429-9733

(home phone)

662-404-0324

(work phone)

(2) **AGENT'S AUTHORITY:** My agent is authorized to make all health-care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration, and all other forms of health care to keep me alive, except as I state here:

(3) **HIPAA AUTHORIZATION:** In addition to the other powers granted by this document, I grant to my Agent the power and authority to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and its regulations (HIPAA) during any time that my Agent (hereinafter referred to in the subsequent clauses of this paragraph as my "HIPAA personal representative") is exercising authority under this Health Care Power of Attorney.

Pursuant to HIPAA, I specifically authorize my HIPAA personal representative to request, receive and review any information regarding my physical or mental health, including without limitation all HIPAA-protected health information, medical and hospital records; to execute on my behalf any authorizations, releases, or other documents that may be required in order to obtain this information and to consent to the disclosure of this information. I further authorize my HIPAA personal representative to execute on my behalf any documents necessary or desirable to implement the health care decisions that my HIPAA personal representative is authorized to make under this document. By signing this document I specifically empower and authorize my physician, hospital or health care provider to release any and all medical records to my HIPAA personal representative or to my representative's designee.

(4) **WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE:** My agent's authority becomes effective when my primary physician determines that I am unable to make my own health-care decisions unless I mark the following box. If I mark this box , my agent's authority to make health-care decisions for me takes effect immediately.

(5) **AGENT'S OBLIGATION:** My agent shall make health-care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health-care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(6) **NOMINATION OF GUARDIAN:** If a guardian or conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as guardian, I nominate the alternate agents whom I have named, in the order designated.

PART 2

INSTRUCTIONS FOR HEALTH CARE

If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out this part of the form. If you do fill out this part of the form, you may strike any wording you do not want.

(7) **END-OF-LIFE DECISIONS:** I direct that my health-care providers and others involved in my care provide, withhold or withdraw treatment in accordance with the choice I have marked below:

(a) Choice Not To Prolong Life

I do not want my life to be prolonged if (i) I have an incurable and irreversible condition that will result in my death within a relatively short time, (ii) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (iii) the likely risks and burdens of treatment would outweigh the expected benefits, or

(b) Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

(8) **ARTIFICIAL NUTRITION AND HYDRATION:** Artificial nutrition and hydration must be provided, withheld or withdrawn in accordance with the choice I have made in paragraph (6) unless I mark the following box. If I mark this box , artificial nutrition and hydration must be provided regardless of my condition and regardless of the choice I have made in paragraph (6).

(9) **RELIEF FROM PAIN:** Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death: _____

(10) **OTHER WISHES:** (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

IN WITNESS WHEREOF, I have executed this document on this the 21 day
of June, 2006.

Mary Elizabeth B. Rogers
MARY ELIZABETH BARRETT ROGERS

WITNESSES:

Charlette M. Spick

Address: 2510 Hwy 51 So
Hernando, MS 38632

Donna B. Hamis

Address: 1851 Hawthorne Dr
Hernando MS 38632

STATE OF MISSISSIPPI

COUNTY OF DeSoto

On this 21st day of June, in the year 2006, before me,
Jo Ann Haynes (insert name of notary public) appeared
MARY ELIZABETH BARRETT ROGERS, 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 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.

Jo Ann Haynes
NOTARY PUBLIC

My Commission Expires:



INSTRUMENT PREPARED BY:

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