

Advance Healthcare Directive

Mississippi
(Sections 41-41-201, et.seq., MCA)

Part 1 Power of Attorney for Healthcare

(1) Designation of Agent:

I designate the following individual as my agent to make health-care decisions for me:

Name: C. Phillip McDow
Address: 4646 Poplar Ave, Suite 548
City: Memphis, TN 38117
Tel. Home: n/a Tel. Work: 901-682-4510

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 alternate agent:

Name: Christine Landers
Address:
City: Chattanooga, TN 37415
Tel. Home: 423-877-1836 Tel. Work: n/a

(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: **None**

McDow

(3) 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.

(4) 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.

(5) Nomination of Guardian:

If a guardian 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 agent whom I have named.

Part 2
Instructions for Health Care

(6) 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) 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.

(7) 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).

(8) 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: **No exceptions.**

(9) Other Wishes:

I direct that:

Part 3
Primary Physician

(10) I designate the following physician as my primary physician:

Name: Tommy J. Campbell
Address: 6799 Great Oaks Road, Suite 250
Memphis, TN 38138
Tel.: 901-821-8300

(10) Effect of Copy:

A copy of this form has the same effect as the original.

(11) Signature:

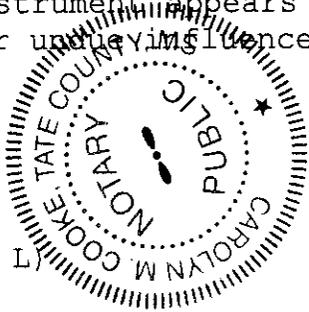
Date: 8/23/2006

Selwyn A. McDow
(Signature)
Selwyn A. McDow

Address: 469 Pear Cove, Southaven, MS 38671

State of Mississippi
County of Desoto

On this 23 day of Aug, in the year 2006, before me, a Notary Public in and for this jurisdiction, appeared SELWYN A. MCDOW, 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.



Carolyn M. Cook
Notary Public

(S E A L)

My commission expires:

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES SEPT 2, 2009
BONDED THRU STEGALL NOTARY SERVICE

Prepared by:
Christian Goeldner
8705-B Northwest Drive
PO Box 1468
662-342-7700