

After Recording Mail To:

William Weaver
9602 Meade Circle North
Olive Branch, Mississippi 38654

This instrument was prepared by:

William Weaver
9602 Meade Circle North
Olive Branch, Mississippi 38654

800464-8203

SPECIFIC DURABLE POWER OF ATTORNEY

TITLE OF DOCUMENT

NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATED (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

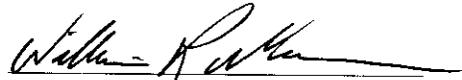
YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK AN ATTORNEY OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

This the 18 day of September, 2006


William Weaver

Bob McSpadden

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KNOW ALL MEN BY THESE PRESENTS, that I, William Weaver, of the State Mississippi, County of De Soto, do by these presents make, constitute, empower and appoint, Evelyn Weaver, my true and lawful **Agent** for me and my name, and on my behalf, with full power of substitution, to take all actions and perform all acts concerning and relating to the either the conveyance or encumbrance of all of my interest in the following real property:

LOT 296, PHASE 2, SECTION E, THE PLANTATIONS SUBDIVISION, PLANTATION LAKES, SITUATED IN SECTION 15, TOWNSHIP 1 SOUTH, RANGE 6 WEST, AS SHOWN ON PLAT OF RECORD IN PLAT BOOK 52, PAGE 26 IN THE CHANCERY CLERK'S OFFICE OF DESOTO COUNTY, MISSISSIPPI.

Tax Parcel Number: 1065150100029600

More Commonly Known As: 9602 Meade Circle North, Olive Branch, Mississippi 38654

CONCERNING my interest in the aforesaid real property, my said **Agent** shall have the below indicated power that I have specifically designated by placement of my initial next to said power:

_____ To sell or exchange, by deed, my interest in the hereinbefore described real property, or

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To encumber, by Note, Mortgage or Deed of Trust, my interest in the hereinbefore described real property.

FOR A MORTGAGE REFINANCE THROUGH First Franklin IN THE AMOUNT OF \$ 172,800.00. EFFECTIVE DATE 9/14/2006. EXPIRATION DATE 2/1/2007.

IN CONJUNCTION WITH the foregoing power that I have indicated, my said **Agent** shall have the additional powers to sign, seal, acknowledge, execute and deliver in proper form the following instruments and/or documents: all Deeds, Affidavit(s), Notes, Deeds of Trust, Mortgages, Settlement Statements, Housing and Urban Development forms, Veteran's Administration forms, Federal Housing Administration forms, a Short-term Lease of the real property in conjunction with the sale of the property, Assignments, Easements, and any and all other instruments or documentation necessary, incidental, and directly relating to the power to which I have above indicated. Without limiting the foregoing, my said **Agent** shall have the power to make all acts, matters and things with respect to either the sale or encumbrance of my interest in aforesaid real property as I might or could do if I acted in person.

MOREOVER, the acts performed by my **Agent** pursuant to this **Power of Attorney** shall be binding upon me, my heirs, successors, assigns, executors, administrators and personal representatives.

FURTHER, this Specific Power of Attorney, whether or not exercised by my **Agent** shall **TERMINATE** on 31 Oct, 20 06.

NOTWITHSTANDING anything herein contained to the contrary, this **Specific Power of Attorney** is a Durable Power of Attorney, and shall not terminate or be affected or impaired by the lapse of time since execution, nor my subsequent disability or incapacity, from whatever cause. Additionally, any person receiving this Power of Attorney shall be entitled to rely on the authority of my **Agent** herein granted, until and unless I executed a writing expressly revoking my **Agent's** aforesaid powers, and said writing is duly recorded and published in a like matter as this Specific Power of Attorney.

THIS Power of Attorney supersedes all other Powers of Attorney executed by me prior hereto and any Powers of Attorney executed prior hereto are hereby revoked, made null and void and of no further force or effect.

Witness our signatures, this 18 day of September, 2006

William Weaver
William Weaver

STATE OF Delaware
COUNTY OF Kent)
SS

Personally appeared before me, the undersigned authority in and for the said county and state, on this 18 day of September, 2006, within my jurisdiction, the within named, **William Weaver** who acknowledged that he/she/they executed the above and foregoing instrument on the above and foregoing instrument.

NOTARY STAMP/SEAL



William J. McPoyle
NOTARY PUBLIC
MY Commission Expires: 9-29-09

Witness our signatures, this 29th day of September, 2006

Evelyn Weaver

Evelyn Weaver

STATE OF Tennessee
COUNTY OF Shelby

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Personally appeared before me, the undersigned authority in and for the said county and state, on this 29th day of September, 2006, within my jurisdiction, the within named, **Evelyn Weaver** who acknowledged that he/she/they executed the above and foregoing instrument on the above and foregoing instrument.

NOTARY



Barbara Anne King

**MY COMMISSION EXPIRES:
March 17, 2010**

NOTARY PUBLIC
MY Commission Expires: _____