

HALL TRUST

WHEREAS, JAMES HALL, hereinafter referred to as the Settlor, now has a monthly income that exceeds the current Medicaid Income limits; and

WHEREAS, the total monthly income received by Settlor is not sufficient to pay for expenses with long-term care services and related services; and

WHEREAS, the principal purpose of this Trust is to receive all income payments due Settlor, including Social Security benefits, retirement benefits, interest, dividends, or other income, and to allow the Trustee to expend for the benefits of the Settlor each month an amount equal to no more than \$1.00 less than the then current Medicaid limit, with any excess income to be retained as part of the Trust.

WITNESSETH:

The HALL Income Trust Agreement is entered into between JAMES HALL, "Settlor", and DOROTHY HALL, "Trustee", who agree as follows:

- (A) The Trustee shall place all income due the Settlor in Trust, and the Trustee shall hold such income under the following terms and conditions:
 - (1) Trustee shall distribute to the Settlor, or for the Settlor's benefit, any amounts allowed by the Division of Medicaid, but the total amount distributed each month shall not exceed an amount equal to \$1.00 less than the then current Medicaid income limit.
 - (2) At the time of each review of Settlor's Medicaid eligibility (at least annually) while this trust is in existence, the Division of Medicaid will notify the Trustee of the amount that should be accumulated in the trust. The Trustee will then be requested to make payment of this amount to the Division of Medicaid on behalf of the Settlor that has not previously been repaid to Medicaid. Failure to make the requested payments may result in the loss of Medicaid eligibility for the Settlor.
 - (3) Upon the death of the Settlor, when the Settlor's Medicaid eligibility is terminated, when the Settlor's income no longer exceed the current Medicaid income limits; or when the trust is otherwise terminated, any income amount accumulated but undiscbuted shall be paid over to the Division of Medicaid, State of Mississippi, up to the total amount expended by the Division of Medicaid on behalf of the Settlor that has not previously been repaid to Medicaid.
- (B) When requested, the Trustee shall furnish to the Division of Medicaid, State of Mississippi, an annual accounting to show all receipts and disbursements of the

Preparer

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trust during the prior calendar year.

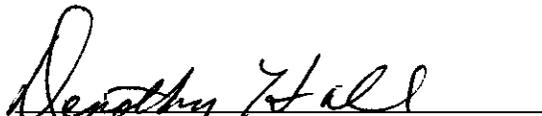
- (C) The Trustee shall maintain the trust funds on deposit in a federally insured banking institution.
- (D) No Trustee shall receive a Trustee's fee for services rendered to the trust, however, reasonable bank charges will be allowed.
- (E) The Trustee shall give written notice to the Division of Medicaid, State of Mississippi, when the Settlor dies or when the trust is otherwise terminated.
- (F) The provisions of this Trust shall be interpreted under the laws of the State of Mississippi.

The effective date of this trust shall be September 1, 2006.

IN WITNESS WHEREOF, this HALL Income Trust Agreement has been executed on this the 11 day of November, 2006.



JAMES HALL, Settlor



DOROTHY HALL, Trustee

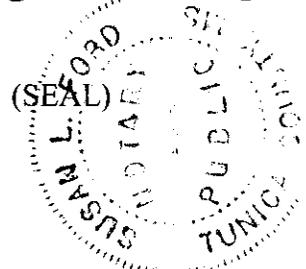
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STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for said county and state,
on the 11th day of November, 2006, within my jurisdiction, the within named
JAMES HALL, who acknowledged that he executed the above and foregoing instrument.

Susan L. Ford
NOTARY PUBLIC

My Commission Expires: My Commission Expires July 22, 2007

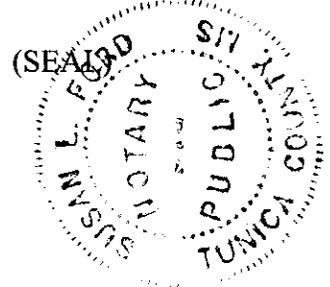


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TRUSTEE INFORMATION

NAME: DOROTHY HALL

TRUSTEE'S SSN:454-36-0847

TELEPHONE: (901) 240-9685

ADDRESS: 5809 OLD HIGHWAY 61 N., TUNICA, MS 38676

RELATIONSHIP TO SETTLOR: SPOUSE

Prepared by - Neal H. LAbout 2
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