

This instrument prepared by:
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DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document you should know these important facts.

This document gives the person you designate as your agent (the-attorney-in-fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to provide consent to your doctor to not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent for any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent (1) authorizes anything that is illegal or (2) acts contrary to your instructions as stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating physician, hospital or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to (1) authorize an autopsy, (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

KNOW ALL MEN BY THESE PRESENTS that I, **HAROLD HERBERT HUMBLE**, presently of 5110 Darlington Dr., Memphis, Shelby County, Tennessee 38118, being over the age of twenty-one (21) years, do hereby appoint my wife, **MARY L. HUMBLE**, of the same address (Phone # (901) 363-1677), my true and lawful attorney-in-fact for health care decisions for me as provided by TCA §34-6-201 et seq. (the "Act"). My attorney-in-fact has received an executed copy of this document, and has agreed to serve as my attorney-in-fact for healthcare decisions consistent with my directions herein expressed.

In the event the above-named attorney-in-fact should for any reason be unable or unwilling to serve as my attorney-in-fact under this instrument, I appoint my daughter, **BARBARA KAY WALKER**, presently of 4986 Pheasant Ridge Cove, Memphis,

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Harold Humble

Tennessee 38141 (Phone # (901) 366-1168) to serve in such capacity. This individual also has been furnished with a copy of this document, and has agreed to serve as my alternate attorney-in-fact.

This instrument is, and is intended to be, a "durable power of attorney for health care", within the meaning of the Act. The above named attorney-in-fact is specifically authorized to make health care decisions for me, if and only if, I am incapacitated or otherwise unable to make such decisions for myself. As used herein "health care decisions" shall have the same meaning as defined in the Act, and shall include any consent, refusal of consent, or withdrawal of consent to health care. As used herein, "health care" shall have the same meaning as defined in the Act and shall include any care, treatment, service or procedure to maintain, diagnose or treat an individual's physical or mental condition and includes medical care as that term is defined in TCA §32-11-103(5). This instrument is intended to comply with all requirements and provisions of the Act, and should be construed accordingly.

Unless a court with appropriate jurisdiction finds by clear and convincing evidence that the above-named attorney-in-fact is acting on my behalf in bad faith: (i) said attorney-in-fact, if available and willing to make health care decisions for me, shall have priority over any other person to act for me in all matters of health care decisions; and (ii) if, following the execution of this power of attorney, a court of my domicile appoints a conservator, guardian of the estate or other fiduciary for me, such fiduciary shall not have the power to revoke or amend this power of attorney or to replace the attorney in fact designated in this power of attorney.

The authority herein granted to the above named attorney-in-fact includes making health care decisions for me when I have a condition from which the attending physician has determined that there can be no recovery and death is imminent, or I am in an irreversible coma or permanent vegetative state, and where the application of life-prolonging procedures would serve only to artificially prolong the dying process. The decision to withhold or withdraw such procedures shall be made by the attorney in fact permitting me to die naturally with only the administration of medications or the performance of any medical procedure deemed necessary to provide me with comfortable care or to alleviate pain.

ARTIFICIALLY PROVIDED NOURISHMENT AND FLUIDS

By checking the applicable line below, I specifically:

- Authorize the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids.
- DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids.

ORGAN/TISSUE DONATION

My attorney-in-fact shall have full authority to donate all or any part of my body, authorize an autopsy and direct the disposition of my remains. By checking the applicable line below, I specifically:

- Desire to donate my organs and/or tissues for transplantation.
- Desire to donate my _____
(insert specific organ/tissue)
- DO NOT desire to donate my organs or tissues for transplantation.

Nothing provided in this power of attorney shall be construed as authorizing my attorney-in-fact above named to act for me with respect to any of my property, businesses or affairs other than the making of health care decisions within the meaning of the Act.

My above named attorney-in-fact shall have the same rights as I have to receive information regarding my proposed health care, to receive and review medical records and to consent to the disclosure of medical records.

Nothing provided in this power of attorney authorizes my above named attorney-in-fact to consent to the withholding or withdrawal of health care necessary to keep me alive, if I object to the withholding or withdrawal of such health care. In such case, that health care decision shall be governed by the law that would apply if there were no durable power of attorney for health care; however, with respect to other and subsequent health care decisions, this power of attorney shall remain in effect unless expressly revoked by me as provided in the Act. Even though I reserve fully the power and authority to revoke the appointment of the above named attorney-in-fact and/or to revoke the authority granted to said attorney-in-fact in the manner provided by the Act, I acknowledge that, even after any such revocation, no person shall be subject to criminal prosecution or civil liability for acting in good faith reliance upon this power of attorney unless that person has actual knowledge of such revocation.

Under the provisions of the Uniform Durable Power of Attorney Act, TCA §34-6-101 et seq., this Durable Power of Attorney for Health Care shall be durable and shall not be affected by subsequent disability or incapacity of the principal.

IN WITNESS THEREOF, I have hereunto set my hand this 11 day of February, 2000 at Memphis, Tennessee.

Harold Herbert Humble
Harold Herbert Humble

STATE OF TENNESSEE
COUNTY OF SHELBY

On this 11th of February, in the year 2000, before me, Wm. Edward Russell, Jr., personally appeared **Harold Herbert Humble**, 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 is the person whose name is subscribed to this instrument and appears to be of sound mind and under no duress, fraud or undue influence.

Wm. E. Russell Jr.
Notary Public



My Commission Expires: 1-29-2002

"I declare under penalty of perjury under the laws of Tennessee that the person who signed this document is personally known to me to be the principal; that the principal signed this durable power of attorney in my presence; that the principal appears to be of sound mind and under no duress, fraud or undue influence; that I am not the person appointed as attorney-in-fact by this document; that I am not a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of an operator of a health care institution; that I am not related to the principal by blood, marriage, or adoption; that, to the best of my knowledge, I do not at the present time have a claim against any portion of the estate of the principal upon the principal's death; and that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will or codicil thereto now existing, or by operation of law."

Bambi Counce
Witness

Patti Lynn Leath
Witness