

**HEALTHCARE POWER OF ATTORNEY**

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

Donna Sue Machado  
11 County Road 507  
Waterford, MS 38685  
662.526.9238

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:

Troy Thompson Pannell, Jr.  
7398 Eastover Blvd.  
Olive Branch, MS 38654  
901.481.3568

(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.

(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 agents whom I have named, in the order designated.

Prepared by:  
Jessica Thomas  
5262 Estate Office Ac Dr.  
Mphs, TN.  
901-259-9990

STATE OF MS  
COUNTY OF Desoto

BEFORE me, the undersigned authority in and for the aforesaid County and State, this day there personally appeared the within named, Idabell Pannell, 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 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.

Idabell Pannell  
Idabell Panell

SUBSCRIBED AND SWORN to before me on this the 20<sup>th</sup> day of March, 2009.

Rita B Schelly  
Notary Public

My Commission Expires:  
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## Witnesses

I, Leslie Clancy, declare under penalty of perjury pursuant to Section 97-9-61, Mississippi Code of 1972, that the principal is personally known to me, that the principal signed or acknowledged this 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 agent by this document, and that I am not a health-care provider, nor an employee of a health-care provider or facility. I am not related to the principal by blood, marriage or adoption, and 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 now existing or by operation of law."

Leslie Clancy  
 Witness  
Leslie Clancy  
 Name (Printed)  
6955 Goodman Rd.  
 Address  
Olive Branch, MS 38654

I, Angela Wilkes, declare under penalty of perjury pursuant to Section 97-9-61, Mississippi Code of 1972, that the principal is personally known to me, that the principal signed or acknowledged this 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 agent by this document, and that I am not a health-care provider, nor an employee of a health-care provider or facility.

Angela Wilkes  
 Witness  
Angela Wilkes  
 Name (Printed)  
6955 Goodman Rd  
 Address  
Olive Branch, ms 38654