

Prepared By and Return to :  
Title & Escrow Services, Inc.  
1669 Kirby Parkway, Suite 100  
Memphis, TN 38120

9/17/09 9:33:29  
DK P BK 133 PG 790  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

This Instrument Prepared by and Return To:  
Bernhardt Law Firm  
1669 Kirby Parkway, Suite 100  
Memphis, TN 38120

Jd

CA-753-6030

**SPECIFIC DURABLE POWER OF ATTORNEY**

**STATE OF TENNESSEE  
COUNTY OF SHELBY**

Know all men by these presents, that I, **WALTER ROBINSON**, a resident of **MILWAUKEE, WISCONSIN**, the undersigned, do hereby make, constitute and appoint **TERESA M. BERNHARDT**, a resident of **Shelby County, Tennessee**, as my true and lawful attorney-in-fact, for me and my name, place and stead, and on my behalf, and for my use and benefit:

To sign on behalf of me any and all documents effecting the purchase of the real property municipally numbered and known as **5311 SOUTH BRANCH, OLIVE BRANCH, MS, 38654** and further described as follows:

Lot 8. Southbranch Subdivision, Section 25, Township 1 South, Range 7 West, Desoto County, Mississippi, as shown on plat of record at Plat Book 26, page 37-38, in the Office of the Chancery Clerk of DeSoto County, Mississippi, to which reference is hereby made for a more particular description of said property.

Said documents are to include, but not be limited to contracts, Deeds of Trust, Notes, Affidavits, Guaranties, settlement sheets, and/or any other documents required by the mortgage lender, the title company or closing agent with regards to the closing of the above improved real property.

The rights, powers and authority of said attorney-in-fact herein granted shall commence and be in full force and effect upon the date of execution of this Power of Attorney, and such rights, powers and authority shall remain in full force and effect thereafter until such time as the real estate closing transaction is completed, all documents signed and recorded or until this power of attorney is cancelled in writing, whichever event shall first occur.

This power of attorney shall not be affected by our disability and the authority hereby conferred shall be exercisable notwithstanding our later disability or incapacity or uncertainty as to whether or not we are dead or alive.

Except as to persons having actual knowledge of a modification or termination of this power of attorney, the recordation of this instrument or a copy hereof, in any land records or other appropriate records shall be conclusive as to the authority of the person designated herein to perform the functions and exercise the powers herein granted as to any such act performed prior to the date a modification or revocation hereof shall have been filed for record in the appropriate records in the county wherein the land or any part thereof is situated.

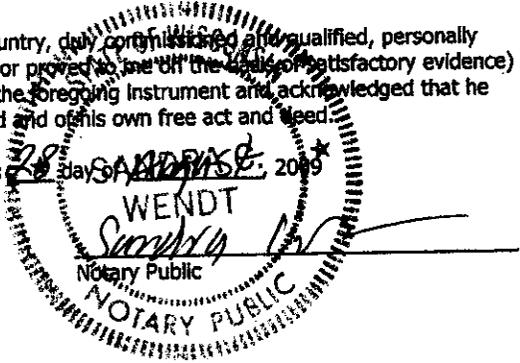
Dated this 28 day of AUG, 2009.

Walter E. Robinson  
Walter Robinson

**STATE OF WISCONSIN  
COUNTY OF Waukesha**

Before me, a Notary Public in and for said Country, duly commissioned and qualified, personally appeared, **WALTER ROBINSON**, to me known (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same for purposes therein contained and of his own free act and deed.

WITNESS my hand and Notarial Seal at office this 28 day of AUGUST, 2009.



My commission expires:  
10-12-09