

Prepared By/Return To:  
Realty Title & Escrow Co.  
6525 Quail Hollow, #115  
Memphis, TN 38120  
901-260-4055  
RT File No. 09010823

**SPECIAL POWER OF ATTORNEY  
TO SELL REAL ESTATE**

RE: Property: 7365 Fox Hollow Lane  
Southaven, MS 38671  
Seller: Robert Winkler  
Buyer: Andrea Wise

KNOW ALL MEN BY THESE PRESENTS:

That I, Robert Winkler, have made, constituted, and appointed, and by these presents do make, constitute and appoint Deanna Bicknell as my true and lawful attorney in fact, for me and in my name, place, and stead, to bargain, sell, mortgage and convey to such person or persons, and for such sum or sums of money or other consideration or considerations as my said attorney in fact shall deem most for my advantage and profit, the above-referenced property. Said property is also known as:

Lot 158, Phase 2, Brentwood Farms Subdivision, situated in Section 29, Township 1 South, Range 7 West, City of Southaven, DeSoto County, Mississippi and recorded in Plat Book 49, Pages 16-17 in the Chancery Clerk's Office of DeSoto County, Mississippi.

Said attorney in fact is authorized to make all necessary deeds, instruments and conveyances thereof, with such covenants, warranties, and assurances as my said attorney in fact shall deem expedient; to sign, seal, acknowledge, and deliver the same and any other documents necessary to effectuate the sale of said real property, including but not limited to settlement statements, title insurance forms, and mortgage lender required forms; to accept, tender, pay and receive the sum or sums of money or other consideration or considerations which shall be coming to or from me on account of said sale and to do, execute, and perform all and every other act or acts, thing or things in law needful and necessary to be done in and about the premises, as fully, largely, and amply, to all intents and purposes, as I might or could do if acting personally. And I hereby ratify and confirm all lawful acts done by my said attorney by virtue hereof.

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All rights, powers, and authority of my attorney in fact granted herein shall commence and be in full force and effect on the date of execution hereof, and such rights, powers and authority shall remain in full force and effect thereafter until one (1) year from the date of execution hereof.

This power of attorney shall not be affected by my subsequent mental or physical disability or incapacity, or my subsequent death without my attorney in fact knowing. It is specifically executed with the intent that should I become physically or mentally disabled or incapacitated, or should I die without my attorney in fact knowing, this power of attorney shall remain in full force and effect and not be affected thereby, all in accordance with the provisions of Mississippi law.

IN WITNESS WHEREOF, I have hereunto set my signature, on this 8<sup>th</sup> day of October, 2009.

Robert Winkler  
Robert Winkler

STATE OF MISSISSIPPI  
COUNTY OF JACKSON

Personally appeared before me, the undersigned Notary Public in and for said State and County, Robert Winkler, the within named individual(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person(s) executed the within instrument for the purposes therein contained.

WITNESS my hand, at office, this the 8<sup>th</sup> day of October, 2009.

Gayla A. Carroll  
NOTARY PUBLIC  
STATE OF MISSISSIPPI  
My Commission Expires 02-25-2011  
Jackson County

My Commission Expires:  
FEBRUARY 25, 2011

(Seal)

NOTARY'S AFFIDAVIT  
(For Out of Office Notary Acknowledgement)

STATE OF MISSISSIPPI

COUNTY OF JACKSON

I hereby certify that I am authorized to act as a Notary Public in and for the above State and County, and that in performing my duties as a Notary Public I have complied with all applicable state and local laws. I also certify that those persons whose signatures I have notarized personally appeared before me and presented original government issued identification which has not expired and which bears a photo or physical description and has a signature which matches the signature on the documents being executed herewith. **PLEASE ATTACH A COPY OF AFORESAID IDENTIFICATION.**

I understand that this Affidavit will be relied upon by Realty Title and Escrow Company, Inc. in the closing of a real estate transaction and issuance of title insurance policies.

Gayle A. Carroll

Notary Public's Signature

Gayle A. Carroll

Printed Name

14701 JOHN SMITH RD

Street Address

VANLEAVE, MS 39565

City, State Zip

228-238-4267

Phone Number