

**DURABLE POWER OF ATTORNEY
FOR HEALTH CARE**

“NOTICE 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 the attorney in fact (your agent) the power to make health care decisions for you. This power exists only as to those health care decisions to which you are unable to give informed consent. The attorney in fact must act consistently with your desires as stated in this document or otherwise made known.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor 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

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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.

The document gives your agent authority to consent, to refuse to consent or to withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any statement of your desires and 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 (a) authorizes anything that is illegal, (b) acts contrary to your known desires, or (c) where your desires are not known, does anything that is clearly contrary to your best interests.

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

Your agent has the right to examine your medical records and to consent to this 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 (a) authorize an autopsy, (b) donate your body or parts thereof for transplant or for educational, therapeutic or scientific purposes, and (c) direct the disposition of your remains.

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

I, ELSIE FAYE MASSA, hereby grant unto my beloved daughters, JANET MARIE (MASSA) BAER and JOY MICHELLE (MASSA) MAYER to act independently of each other without blocking, barring, or over-ruling any decisions made by the other, the power and authority under this instrument to make all health care decisions for me, including, but not limited to, the right to sign for admissions to the hospital, to sign releases for surgery, to sign orders to stop treatment in honor of my Living Will instructions, to sign releases for extraordinary treatment, to sign releases or admissions to nursing homes or rehabilitation or other care centers, and to make any other decisions concerning my medical treatment or care that may arise. Since all of my children may not be present in the event of an emergency health care decision, I have provided that one or all may consent to the treatment or deny the treatment under the terms of this instrument conferring them that power.

This power of attorney will not be valid for making health care decisions unless it is either (a) signed by two (2) qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature or (b) acknowledged before a notary public in the state.”

WITNESS my signature this the 9th day of October, 2009.

Elsie Faye Massa
ELSIE FAYE MASSA

STATE OF MISSISSIPPI
COUNTY OF DESOTO

On this the 9th day of October, 2009, before me personally appeared ELSIE FAYE MASSA, 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 she 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.

Wallace C. Anderson
NOTARY PUBLIC



My Commission Expires: _____

Address of Grantor: 9906 Allen Parkway, North, Olive Branch, MS 38654

Address of Grantees: Janet Marie (Massa) Baer _____

Joy Michelle (Massa) Mayer _____