

NOTICE: (I) THE POWERS GRANTED TO THE AGENT YOU ARE APPOINTING BY THIS POWER OF ATTORNEY CAN BE VERY BROAD; CONSULT WITH A COMPETENT LEGAL ADVISOR IF YOU HAVE ANY QUESTIONS HEREWITH. (II) THIS DOCUMENT DOES NOT AUTHORIZE THE AGENT NAMED WITHIN TO MAKE MEDICAL OR ANY OTHER HEALTH-CARE DECISIONS FOR YOU. (III) YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME.

DURABLE POWER OF ATTORNEY

~ OVER ASSETS ~

8/25/10 4:31:42
DK P BK 139 PG 532
DESDOTO COUNTY, MS
W.E. DAVIS, CH CLERK

This Power of Attorney authorizes the person named below as my Attorney-in-Fact to sell, lease, grant, encumber, release or otherwise convey any interest in my real property, execute deeds and all other such instruments on my behalf unless I have otherwise limited such power herein to specific real property or unless if I have otherwise withheld such power regarding all real estate transactions as defined below.

I, **ROBERT G. FARRISH**, the undersigned, have appointed **JOYCE T. FARRISH**, my wife, as my lawful Attorney-in-Fact, and if she is unwilling or unable to serve then I appoint **MICHAEL R. FARRISH** (as my first alternate) or **PAMELA F. LEET** (as my second alternate) to perform for me and in my name certain acts which I might and could do if I were present and capable, by granting herewith the following *INITIALED* powers:

NOTICE: TO GRANT *ALL* OF THE FOLLOWING POWERS TO YOUR ATTORNEY-IN-FACT, *INITIAL THE LINE IN FRONT OF - (O) -* AND IGNORE THE LINES IN FRONT OF ALL THE OTHER LISTED POWERS.

NOTICE: TO GRANT ONE OR MORE, BUT FEWER THAN ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING TO YOUR ATTORNEY-IN-FACT.

NOTICE: TO WITHHOLD A FOLLOWING POWER(S), DO NOT INITIAL THE LINE ADJACENT TO SUCH POWER. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER TO BE WITHHELD.

AUTHORIZATION BY INITIALS OF UNDERSIGNED PRINCIPAL:

- _____ (A) To engage in banking and/or other financial institution transactions viz: executing, endorsing, collecting, depositing and receiving checks against or in my bank (or other) accounts, including checks drawn on the Treasurer of the United States.
- _____ (B) To buy, sell and/or otherwise transfer and/or *gift* my real estate property or engage in any related real property transactions.
- _____ (C) to buy, sell and/or otherwise transfer and/or *gift* my tangible personal property or engage in any related personal property transactions.

mike Farrish
3331 Shady Forest Cv.
Collierville, TN 38017

- _____ (D) To buy, sell and/or otherwise transfer and/or *gift* my cash, cash equivalents or other equitable items.
- _____ (E) To engage in stock and/or bond (including stock or bond *powers*) transactions.
- _____ (F) To engage in commodities and/or options transactions.
- _____ (G) To engage in operational business transactions.
- _____ (H) To engage in insurance and/or annuity transactions.
- _____ (I) To engage in personal claims and/or litigation transactions.
- _____ (J) To engage in personal and/or family maintenance transactions.
- _____ (K) To receive benefits from social security, Medicare, Medicaid, or other governmental programs, including military service related benefits.
- _____ (L) To receive or otherwise handle retirement plan(s) transactions.
- _____ (M) To enter in to my safe deposit box and remove the contents thereof.
- _____ (N) To handle personal (or related) tax matters.
- 16F (O) **ALL OF THE POWERS LISTED ABOVE.**
- _____ (P) TO RECEIVE *REASONABLE* FEES/REIMBURSEMENT FOR COSTS & EXPENSES INCURRED AS AN AGENT ACTING HEREUNDER.

1. *Additionally*, I give power to my Attorney-in-Fact to assign, transfer, convey and deliver to the Trustee of that certain Declaration of Trust referred to as the -

FARRISH FAMILY TRUST

Dated: January 20, 2004,

any and all of my property such as cash, stocks, bonds, securities, annuities and any other property of any kind whether real property or personal; to endorse and deliver to said trustee(s) any checks, drafts, certificates of deposit, notes receivable or other instruments for which I have an interest in as monies payable or belonging to me; to designate the Trustee, of said Trust, as the beneficiary any life insurance policies, employee benefit or pension plans or individual retirement accounts owned by me or in which I have an interest, and, in general, to do all things which I, as a grantor of a living trust, might do if present and capable.

2. *Notwithstanding the above provisions*, my Attorney-in-Fact shall have NO power to transact with any assets/properties which have been transferred to said Trust either by me or by my Attorney-in-Fact unless the Trustee of said Trust expressly grants to my Attorney-in-Fact the right to act as a nominee Trustee or agent over any specific asset(s) held in said Trust.

3. This Power of Attorney shall *spring into effect* upon the execution of an opinion letter or medical certification of my attending physician (delivered to my Attorney-in-Fact) certifying my incapacity to carry on my normal fiduciary affairs because of a mental or physical impairment and shall continue therein until a certification from a licensed physician declares that the impairment is no longer effective or applicable.

I understand the full importance of this Durable Power Of Attorney Over Assets document consisting of *three (3)* pages, this being the 3rd page, and I have emotional and mental capacity to execute such document.

x *Robert G. Farrish*
ROBERT G. FARRISH

The Declarant/Principal has been known to me (an undersigned, as a signature witness) and I believe the Declarant to be of sound mind. I am not related to the Declarant by blood or marriage, nor would I be entitled to any portion of the Declarant's estate upon his death. I am neither the Declarant's attending physician nor a person financially responsible for his medical care.

x *Charles*
Witness

1870 Edwards Hill
Address 9 Jow, Tr 3854

x *Billie Cates*
Witness

6305 Hwy 305
Address Olive Branch, MS 38654

- ACKNOWLEDGEMENT -

STATE OF MISSISSIPPI

COUNTY OF DESOTO

On this 20th day of January 2004, before me, the undersigned, appeared **ROBERT G. FARRISH** who acknowledged before me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and who executed such by his signature as his free act and deed and -

Charles A. McKnight & Billie Cates

who witnessed the Declarant's signature to this instrument and that to the best of their knowledge, the Declarant was at the time 18 or more years of age, of sound mind and under no constraint or undue influence.



x *Debra K. Boyle*
Notary Public

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES APRIL 3, 2007
BONDED THRU STEGALL NOTARY SERVICE