
Space Above This Line For Recording Purposes

Prepared By/Return To:
Realty Title & Escrow Co.
6397 Goodman Road, Suite 112
Olive Branch, MS 38654
662-893-8077
10080380

SPECIAL POWER OF ATTORNEY TO SELL REAL ESTATE

KNOW ALL MEN BY THESE PRESENTS:

That I, Dorothy A. Hagan, have made, constituted, and appointed, and by these presents do make, constitute and appoint Colleen M. Foeller as my true and lawful attorney in fact, for me and in my name, place, and stead, to bargain, sell 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 following property:

See Attached "Exhibit 1"

Municipally known as 4539 Westminster Circle, Southaven, MS 38671

Said attorney in fact is authorized to sign all necessary documents, 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.

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 22nd day of September, 2010.

Dorothy A. Hagan
Dorothy A. Hagan

STATE OF MS
COUNTY OF Desoto

Personally appeared before me, the undersigned Notary Public in and for said State and County, Dorothy A. Hagan, 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 22nd day of September, 2010.

[Signature]
NOTARY PUBLIC

My Commission Expires:

MY COMMISSION EXPIRES NOVEMBER 29, 2010

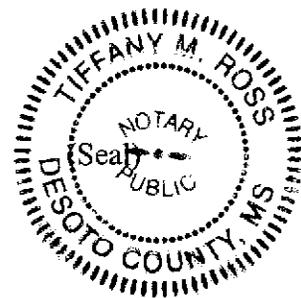


Exhibit A - Legal Description

Lot 65, Section B, Dickens Place PUD, Oliver's Glenn, situated in Section 9, Township 2 South, Range 7 West, as shown on plat of record in Plat Book 62, Page 43 in the Chancery Clerk's Office of DeSoto County, Mississippi.