
SPARKMAN, ZUMMACH & PERRY, P.C.
ATTORNEYS AT LAW

RECORDING REQUIREMENTS OF M.C.A. § 89-5-24

Prepared by and return to:
Joseph M. Sparkman, Jr. 9438
Sparkman, Zummach & Perry, P.C.
Attorneys at Law
Post Office Box 266
Southaven, MS 38671-0266
662 349-6900
File #: 090237

Grantor: Mary De Los Angles Wasson
Grantor Address: 614 Fairway Drive, Hernando, MS 38632
Grantor Telephone Number: Home - N/A Work- N/A

Grantee: Mark Andrew Wasson
Grantee Address: same
Grantee Telephone Number: Home - N/A Work- N/A

NAME OF INSTRUMENT: Durable Power of Attorney

PREPARED BY/RETURN TO:
SPARKMAN, ZUMMACH & PERRY, P.C.
POST OFFICE BOX 266
SOUTHAVEN, MS 38671-0266
662-349-6900

DURABLE POWER OF ATTORNEY

STATE OF MISSISSIPPI
COUNTY OF DESOTO

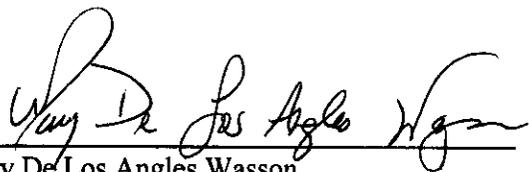
I, Mary De Los Angles Wasson, of 614 Fairway Drive, Hernando, Mississippi, as principal, hereby appoint Mark Andrew Wasson of 614 Fairway Drive, Hernando, Mississippi my attorney-in-fact, in my name, place and stead and for my use and benefit to act in and on my behalf to do every act, without limitation, which I could legally as a competent adult. If Mark Andrew Wasson shall be unable or unwilling to serve or continue to serve, then I appoint Melody Miller as substitute or successor attorney-in-fact to serve with the same powers. The resignation of my original attorney-in-fact may be evidenced by an instrument in writing, delivered to the successor attorney-in-fact. The incapacity of the original attorney-in-fact may be determined by a written statement of the original attorney-in-fact's physician.

This durable power of attorney shall not be affected by any disability on my part, except as provided by the statutes of the State of Mississippi. The power conferred on my attorney-in-fact by this durable power of attorney shall not be affected by the subsequent disability or incompetence of the principal, except as provided by the statutes of the State of Mississippi. The above grant of power is intended to be as broad as possible so that my attorney-in-fact will have authority to make any decision I could make to obtain or terminate any type of health care, including the withdrawal of food and water and other life-sustaining measures, if my attorney-in-fact believes such action would be consistent with my intent and desires.

All acts done by my attorney-in-fact pursuant to the power conferred by this instrument during any period of my disability shall have the same effect and inure to the benefit of and bind me or my heirs, devisees and personal representatives as I were not disabled.

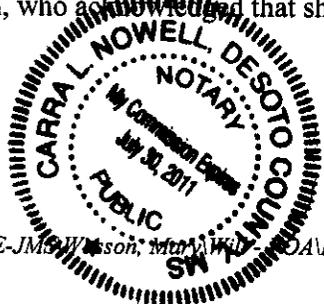
This durable power of attorney shall be nondelegable and shall be valid until such time as I die or revoke this power by subsequent written instrument.

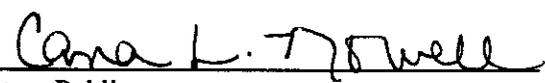
Dated this the 28 day of December, 2010.



Mary De Los Angles Wasson

PERSONALLY APPEARED before me, the undersigned authority in and for the said state and county, on this the 28 day of December, 2010, within my jurisdiction, the within named Mary De Los Angles Wasson, who acknowledged that she executed the above foregoing instrument.





Notary Public