

# Limited Power of Attorney

Prepared by: Jeff Williamson  
\* Mail to: Andy Williamson  
4880 Nail Rd  
Olive Branch, MS 38654

901-489-1492

*W.E.* 12/30/10 12:31:45  
DK P BK 141 PG 731  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

## Limited Power of Attorney

I, the undersigned, Willie Carolyn Williamson, (SSN [REDACTED]) residing at 4880 Nail Rd, Olive Branch, MS 38654 revoke any and all previous Limited Power of Attorney and appoint Andrew G Williamson (SSN [REDACTED]) residing at 4880 Nail Rd, Olive Branch, MS 38654, as my Attorney-in-Fact (Agent) with the power of delegation and substitution.

If my Agent is unable or unwilling to serve for any reason, I designate Jeffrey D Williamson (SSN [REDACTED]) residing at 19640 Yanan Rd, Apple Valley, CA 92307 as substitute Agent.

This document shall be construed and interpreted as a limited power of attorney and my Agent shall have full authority to act on my behalf only in relation to the matters specified below:

1. Conduct any business with any banking or financial institution with which I hold an account, including but not limited to, making deposits and withdrawals, obtaining bank statements, drafts or money orders, and to draw, sign, endorse and negotiate checks and to sign my name and execute on my behalf all contracts with such a banking or financial institution.
2. Settle accounts, claims and disputes between me and any other party and to demand, sue for, collect, adjust, settle or write-off any debts owed to me in any manner as he / she may deem fit.
3. Open, maintain or close any accounts with a brokerage, banking or financial institution and to overdraw such accounts.
4. Have access to the contents of any safety deposit box registered in my name.
5. Collect any social security, medical insurance, disability grants, unemployment benefits, pension payments or any other government benefits.
6. Invest any money and to vary or alter any such investment as may be expedient from time to time.
7. Prepare, sign and file income and other tax returns and settle all payments with relevant governmental bodies.
8. Obtain documents and information from any relevant governmental agency.

I indemnify and hold harmless my Agent from any loss that results from an error made in good faith save for willful misconduct or the willful failure to act in good faith.

I indemnify any third party from any claims which may arise against the third party because of reliance on this power of attorney.

My Agent shall provide accurate records of all transactions completed on my behalf and shall provide accounting records if I so request.

This limited power of attorney shall become effective immediately and shall not expire unless revoked by me in writing.

Executed this 29 day of December 20 10 at 4880 NAIL RD Olive Branch MS 5:00 PM

Willie Carolyn Williamson

Signature: Willie Carolyn Williamson

### Limited Power of Attorney

Acknowledgement

This document was acknowledged before me on this 29th day of December 2010 by Willie Carolyn Williams (Principal's Full legal name)

Signature of Notary Public Pam Rhea

Full legal Name Pamela Rhea

My commission expires 11-17-2013

State of Mississippi

County of Desoto

