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DURABLE POWER OF ATTORNEY

**STATE OF MISSISSIPPI
COUNTY OF DESOTO**

KNOW ALL MEN BY THESE PRESENTS, that I, **Joy Elizabeth Collier**, 7363 Bramble Lane, Walls, Mississippi 38680, an adult resident citizen of DeSoto County, Mississippi, have made, constituted and appointed, and by these presents, do make, constitute and appoint my son, **Dennis Mitchell Collier**, 7713 Lillie Street, Southaven, Mississippi 38671, as my true and lawful attorney-in-fact, who, acting in my name, place and stead shall have the general power and authority to do and perform all and every act and thing whatsoever that can be lawfully done in and about my business, property, and personal affairs, all as fully to all intents and purposes as I might or could do if personally present; and I hereby ratify and confirm all that my said attorney shall lawfully do or cause to be done by virtue of these presents.

This power of attorney shall become effective upon either of the two events:

(1) Such date in time as I have been determined by at least two (2) competent medical and/or counseling professionals, to be mentally incompetent and unable to make appropriate decisions with regard to my person and my property, such mental incompetence to be presumed in the event that I am comatose or determined to be in the latter stages of senile dementia or like illnesses including, but not limited to, Alzheimer's Disease; or

(2) In the event it is determined by two (2) or more competent physicians or other medical professionals that I am physically unable to attend to the routine affairs and businesses or to properly care for my person or my property, and I shall be deemed conclusively disabled and

incompetent for purposes of effectuating this power in the event I am confined to a bed or institutional care facility.

It is my further desire that, in the event the matter that has caused me to become disabled or otherwise incompetent is temporary in nature, this power shall survive only for so long as that temporary disability. However, any person relying on this Power of Attorney coupled with the statements of the physicians and/or other medical or counseling personnel to the effect that I am incompetent or otherwise disabled, such persons may rely upon this Power of Attorney at no peril to themselves unless they have personal knowledge that the power has been revoked by me or that the disability or incompetence which effectuated such power has been resolved.

This power of attorney shall not be affected by the subsequent disability or incompetence of the principal, it being my intent that the authority conferred hereunder shall be exercisable by my aforesaid attorney-in-fact notwithstanding my subsequent disability or incompetence, in accordance with Miss. Code Ann. §87-3-13 (2) (Supp. 1982).

Without in any manner limiting the general power herein granted to my said attorney-in-fact, her powers shall include but not be limited to each of the following:

- (1) Real Estate Transactions, including conveyance, encumbrance, mortgaging, leasing of same or any other act or thing in and about any real estate which I own or may have an interest in;
- (2) Chattel and good transactions;
- (3) Bank transactions, including, but not limited to, endorsing and receiving payment upon any and all checks, drafts, certificates, certificates of deposit, savings certificates or any other bank paper of any kind, and including power to write checks, withdraw funds, obtain loans, enter and

maintain safety deposit boxes, and in any other manner to obtain money, funds, and property of any kind from any and all bank accounts, savings accounts, or bank documents of any kind and description without limitation;

(4) Insurance transactions;

(5) Claims and litigation;

(6) Personal relationships and affairs, including, but not limited to, authorization for me to be admitted and maintained for any period of time at any medical clinic, hospital, medical center, nursing home, retirement home, and for the administration of surgery and medical care of any kind by any physician, doctor, hospital, medical center, nurse, or any other person, institution, facility, or provider of medical or health related services of any kind without limitation;

(7) Records, reports, and statements;

(8) Personal, financial, property, or other consents, without limitation;

(9) Full and unqualified authority to delegate any or all of said powers to any person or persons whom my said attorney shall select or designate in writing;

(10) The power to make gifts of a charitable nature for or on my behalf;

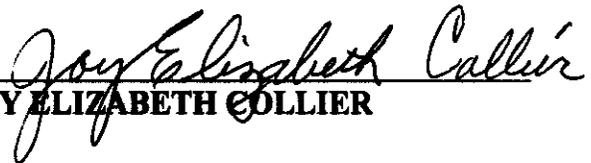
(11) The power to appear before, represent and act on behalf of the undersigned principal before any agency or authority including the Social Security Administration, Medicare or Medicaid, Internal Revenue Service, and to file any and all forms and claims, and the power to receive and endorse payments and benefits, including the power to file and receive payment under health or medical insurance of any kind or nature.

(12) The power to exercise or perform any act, power, duty, right or obligation whatsoever that I now have, or may hereafter acquire the legal right, power or capacity to exercise or perform,

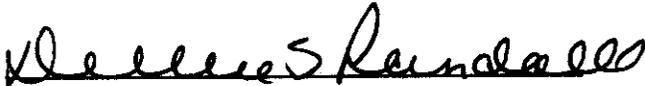
in connection with, arising from or relating to any person, item, transaction, thing, business, property, real or personal, tangible or intangible, or matter whatsoever, [] to purchase and sell, for and on my behalf, all property, real, personal, or intangible, it being understood and provided that my aforesaid attorney-in-fact and agents may execute all documents which may be necessary or proper to effectuate any power granted herein.

Any third party to whom this Power of Attorney is presented may rely upon an affidavit of my attorney-in-fact stating that this Power of Attorney has not been revoked and that I am then living. No third party relying on this Power of Attorney and the affidavit will be liable for any losses, damages, or claims caused by their compliance with the action requested by my attorney-in-fact and agents, unless the third party has actual knowledge of my death or the revocation of this Power of Attorney.

WITNESS my signature this 27th day of April, 2005.


JOY ELIZABETH COLLIER

WITNESSES:

**STATE OF MISSISSIPPI
COUNTY OF DESOTO**

On this 27th day of April, 2004, before me, the undersigned Notary Public in and for the above state and county, personally appeared **Joy Elizabeth Collier**, personally known to me to be the person whose name is subscribed to this instrument, and who 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.

WITNESS my hand and official seal this 27th day of April, 2005.

Debbie S. Rand
Notary Public



My Commission Expires:

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES SEPT. 10, 2007
BONDED THRU STEGALL NOTARY SERVICE