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

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

X Prepared by and return to:
Joseph M. Sparkman, Jr. 9438
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Attorneys at Law
Post Office Box 266
Southaven, MS 38671-0266
662 349-6900

Grantor: David Wayne Bland
Grantor Address: 4201 Davis Grove Blvd., Olive Branch, MS 38654
Grantor Telephone Number: Home - 513-256-4976 Work- N/A

Grantee: Bonnie Lou (Hagy) Bland
Grantee Address: 4201 Davis Grove Blvd., Olive Branch, MS 38654
Grantee Telephone Number: Home - 513-256-5048 Work- N/A

DURABLE POWER OF ATTORNEY

STATE OF MISSISSIPPI
COUNTY OF DESOTO

I, David Wayne Bland, of 4201 Davis Grove Blvd., Olive Branch, DeSoto County, Mississippi, as principal, hereby appoint Bonnie Lou (Hagy) Bland of 4201 Davis Grove Blvd., Olive Branch, DeSoto County, 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 Bonnie Lou (Hagy) Bland shall be unable or unwilling to serve or continue to serve, then I appoint Lisa Marie

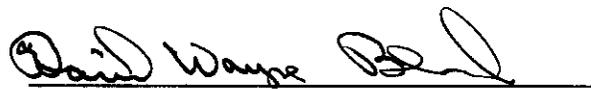
(Bland) Ovesen of Cincinnati, Ohio as my successor attorney-in-fact to serve with the same powers.

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 4 day of May, 2011.


David Wayne Bland

PERSONALLY APPEARED before me, the undersigned authority in and for the said state and county, on this the 4 day of May, 2011, within my jurisdiction, the within named David Wayne Bland, who acknowledged that he executed the above foregoing instrument.


Notary Public


My commission expires: _____

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