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DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

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Professional Services
P. O. Box 130
Potts Camp, MS 38659

STATE OF MISSISSIPPI
COUNTY OF DESOTO

DURABLE POWER OF ATTORNEY

Principal: Barbara Sue Wade
14720 Holly Springs Road
Byhalia, MS 38611
901-508-0191

Agent: Phyllis Ann Freeman
4453 Sunset Road
Nesbit, MS 38651
901-508-0191

DURABLE POWER OF ATTORNEY

I, **BARBARA SUE WADE**, an adult resident citizen of Desoto County, Mississippi, residing at **14720 Holly Springs Road, Byhalia, MS 38611**, telephone no. **901-508-0191**, Social Security Number **411-62-8253**, do by these presents, hereby nominate and appoint as my Agent and Attorney in Fact, my daughter **PHYLLIS ANN FREEMAN**, of **4453 Sunset Road, Nesbit, MS 38651**, telephone no. **901-508-0191**, with full power and authority to act for, in my stead, and in my behalf, as follows:

(1) The power to make health care decisions for me if I am unable to act in such capacity myself or to give informed consent.

(2) If I am unable to make health care decisions to which I am unable to give informed consent, my Agent and Attorney in Fact, shall be specifically empowered to make all health care decisions for and on my behalf.

(3) My Agent and Attorney in Fact, shall have the specific power to consent to my doctor or any health care provider in giving treatment or stopping treatment necessary to keep me alive.

(4) My Agent and Attorney in Fact, is further given authority to consent, refuse to consent, or to withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat my physical or mental condition.

(5) My Agent and Attorney in Fact, shall further have the power to execute any documents or forms necessary for my health care.

(6) This document shall apply to any physician, hospital, or health care provider in or outside of the State of Mississippi.

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Barbara Sue Wade
Barbara Sue Wade, Principal

[Signature]
Witness

SF
Witness

(7) The undersigned, BARBARA SUE WADE, being of sound mind and understanding and under no duress, fraud or undue influence, executes this instrument freely and voluntarily as provided by the Durable Power of Attorney for Health Care Act for the State of Mississippi.

(8) My said Agent and Attorney in Fact, shall collect and receive all money due to be paid to me from rents, interest, social security and retirement payments, proceeds from insurance policies, or any other receipts and investments, and give required legal receipts therefor; to endorse my name to any check or draft payable to me; to clip and cash bond coupons of any kind, either on United States Government Bonds or municipal bonds; to receive any dividends due me and to deposit all of such proceeds and receipts of any kind, in my name in any banking institution in the State of Mississippi, or any other State, and to write, sign, execute, and draw checks or drafts on my account in any of said banks, and said banks are hereby specifically authorized to cash such checks so signed by him/her, and to pay and cash any check payable to me and endorsed by said Agent and Attorney in Fact and to handle any and all other banking business on my behalf.

(9) I hereby authorize and empower my Agent and Attorney in Fact to enter my lock box at any time, open same, and to take therefrom, or deposit therein any papers or valuable things which I may have, and to clip and to cash the coupons on any bonds now deposited in said box; and this shall be the authority of my said Agent and Attorney in Fact to open, enter and subtract from the said lock box any bonds or other valuables which I may have therein.

(10) I give and grant to my said Agent and Attorney in Fact complete, full and absolute power to handle any real estate which I might own, in the State of Mississippi, or any other state; to rent same, or any part thereof, and to collect the rent for my use and benefit, and to do and expend

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Barbara Sue Wade
Barbara Sue Wade, Principal

[Signature]
Witness

[Signature]
Witness

from my monies the amount required and necessary for the payment of insurance, payment of taxes thereon, and any necessary repairs that may be required to my property. My said Agent and Attorney in Fact is further authorized, if (he/she) so desires, and it being to my best interest, to sell and mortgage my interest in any real estate which I might own, and (he/she) is further authorized, enabled, and empowered to sign, execute, acknowledge and deliver any deed of conveyance or deed of trust or mortgage on my behalf, and to sign any homestead exemptions on my property, as fully and completely and as legally is same were signed, executed and acknowledged by me personally.

(11) I hereby give and grant to my said Agent and Attorney in fact the power and authority to use any monies which I may have at any time on deposit in any bank, or whichever may be hereafter received by my said Agent and Attorney in Fact from any source, for my welfare and benefit, and to make such arrangements as (he/she) deems proper for my hospitalization and any medical treatment that I may require, and to pay the charges for same from any of my assets.

(12) I further give and grant to my said Agent and Attorney in Fact the power and authority to sell, assign, transfer, and set over all or any part of any stock, notes, bonds or other securities that I might own, and for that purpose to make and execute all necessary acts of assignment and transfer thereof, hereby ratifying and confirming all that my said Agent and Attorney in Fact shall lawfully do by virtue thereof.

(13) This shall be authority for any one dealing with my said Agent and Attorney in Fact relative to any of my assets of any kind or description, and shall be the authority for any insurance companies to make such payments directly to (him/her), and for any banking institution in the State of Mississippi, or any other state, to permit the handling of my accounts in said banks by (him/her),

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Barbara Sue Wade
Barbara Sue Wade, Principal

[Signature]
Witness

[Signature]
Witness

and (his/her) entry into my lockbox, and I agree to hold said banks and such insurance companies harmless from any liability of any kind or description because of (him/her) handling of my said money, property or assets.

(14) This power of attorney shall not be affected by the subsequent disability or incompetency of the principal, it being my specific intent that the authority conferred by this instrument shall be exercisable by my Agent and Attorney in Fact, notwithstanding my subsequent disability or incompetency; and all acts done by my said Agent and Attorney in fact, pursuant to this power of attorney, during any period of disability or incompetency, shall have the same affect and inure to the benefit of and bind me, my devisees, legatees and personal representatives, as if I were competent and not disabled.

Should my above named Agent and Attorney in Fact, namely PHYLLIS ANN FREEMAN, be unable to serve as my Agent and Attorney in Fact, I hereby nominate and appoint SCOTT W. MORROW of 4900 Bonny Drive, Wichita Falls, TX 76302, telephone: 940-781-6659, as my Successor Agent and Attorney in Fact and he shall have the same title, powers, duties and discretion herein given my original Agent and Attorney in Fact.

WITNESS MY SIGNATURE, this the 24th day of May, 2011.

Barbara Sue Wade
BARBARA SUE WADE

WITNESSES:

[Signature]

[Signature]

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Barbara Sue Wade
Barbara Sue Wade, Principal

[Signature]
Witness

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Witness

STATE OF MISSISSIPPI

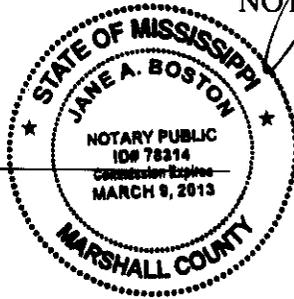
COUNTY OF Marshall

On this the 24th day of May, 2011, before me, a Notary Public, personally appeared **BARBARA SUE WADE**, principal and SARAH CRAIN SAWYER AND Susan Fleming, subscribing witnesses, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under the penalty of perjury that the person whose name is subscribed to this instrument that is to say **BARBARA SUE WADE** appears to be of sound mind and under no duress, fraud or undue influence.

Jane A. Boston
NOTARY PUBLIC

(SEAL)

MY COMMISSION EXPIRES: _____



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Barbara Sue Wade
Barbara Sue Wade, Principal

[Signature]
Witness

[Signature]
Witness