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

Prepared by: James W. Amos, Esq.
2430 Caffey St., Hernando, MS 38632
Phone: 662-429-7873

GENERAL DURABLE POWER OF ATTORNEY

I, **ELFIDA DAVIS,** residing at **3682 Glen Artney Cove, Hernando, MS 38632** hereby appoint my daughter, **KATHY KRAMPEN, 659 Valley Springs Dr., Southaven, MS 38671** as my Attorney-in-Fact ("Agent").

I hereby revoke any and all general powers of attorney and special powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.

    a. Conduct any business with any banking or financial institution with respect to any of my accounts, including but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants and certificates or vouchers payable to me by any person, firm, corporation or political entity.

    b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U. S.

Treasury Securities.

c. Have access to any safety deposit box that I might own, including its contents.

2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.

3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.

4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.

5. Enter into binding contracts on my behalf.

6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures or other investments.

7. Maintain and/or operate any business that I may own.

8. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.

9. Prepare, sign, and file documents with any governmental body or agency, including but not limited to, authorization to:

a. Prepare, sign and file income and other tax returns with federal, state, and local and other governmental bodies.

b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).

c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits) and to appoint anyone, including my Agent, to act as my "Representative Payee" for the purpose of receiving Social Security benefits. .

This Power of Attorney shall be construed broadly as a General Power of

Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing (i) my income to be taxable to my Agent, and (ii) my assets to be subject to a general power of appointment by my Agent, or (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney. A successor Agent shall not be liable for acts of a prior Agent.

No person who relies in good faith on the authority of my Agent under this instrument shall incur any liability to me, my estate or my personal representative. I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

My Agent shall not be entitled to any compensation, during my lifetime or upon my death, for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, but only if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately, shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statue. This is a Durable Power Of Attorney. This Power Of Attorney shall continue effective until by death. This Power Of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated June 26 2012 at Hernando, Mississippi.

Signature: Elfida Davis

ELFIDA DAVIS

State of Mississippi
County of DeSoto

On this 26th day of June, 2012, before me, the undersigned Notary Public for the State of Mississippi, personally appeared ELFIDA DAVIS, to me known (or to me proved) to be the identical person named in and who executed the above General Power of Attorney, and acknowledged that such person executed it as such person's voluntary act and deed.

Elise B. Amos
Notary Public

My Commission Expires: 4-29-2016

STATE OF MISSISSIPPI
NOTARY PUBLIC
ID # 19240
ELISE B. AMOS
Commission Expires
April 29, 2016
DESOTO COUNTY