

Prepared By and Return to:
Bridgette G. Blackwell, 1226 Brooksville Road, Louisville, Mississippi 39339
Telephone No. 662-803-0530

GENERAL DURABLE POWER OF ATTORNEY

STATE OF MISSISSIPPI
COUNTY OF LEE

I, Margaret Rachel Beason, the undersigned, of 1104 President Street, Tupelo, Mississippi 38801, telephone: 662-844-7674, do hereby make, constitute, and appoint Deborah Jan Bullock of 1104 President Street, Tupelo, Mississippi 38801, telephone: 662-844-7674, as my true and lawful attorney-in-fact, in my name, place and stead, on my behalf and for my use and benefit:

A. To exercise or perform any act, power, duty, right or obligation whatsoever that I now have, or may subsequently acquire the legal right, power or capacity to exercise or perform, in connection with, arising from or relating to any person, item, transaction, business, real or personal property, tangible or intangible thing or any matter whatsoever;

B. To request, ask, demand, sue for, recover, collect, receive and hold and possess all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension and retirement benefits, insurance benefits and proceeds, documents of title, choses in action, real and personal property, and intangible and tangible rights and demands, liquidated or unliquidated, as now are, or shall subsequently become, owned by, or due, owing, payable or belonging to, me, or in which I have or may subsequently acquire interest, to have, use and take all lawful means and equitable and legal remedies, procedures and writs in my name for their collection and recovery, and to adjust, sell, compromise and agree for them, and to make, execute and deliver for me, on my behalf, and in my name, all endorsements, releases, receipts or other sufficient discharges for them;

C. To lease, purchase, exchange and acquire, and to agree, bargain and contract for the lease, purchase, exchange and acquisition of, and to accept, take, receive and possess any real or personal property, tangible or intangible rights or interests, on such terms and conditions, and under such covenants, as attorney-in-fact shall deem proper;

D. To maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens, mortgage, subject to deeds of trust and hypothecate, and in any way or manner deal with any part of any real or personal property, tangible or intangible rights or interest, that I now own or may

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subsequently acquire, in my behalf, and in my name and under such terms and conditions, and under such covenants, as attorney-in-fact shall deem proper;

E. To conduct, engage in and transact any and all lawful business of whatever nature or kind, on my behalf, and in my name;

F. To make, receive, sign, endorse, execute, acknowledge, deliver and possess such applications, contracts, agreements, options, covenants, conveyances, deeds, trust deeds, security agreements, bills of sale, leases, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bills, bonds, debentures, checks, drafts, bills of exchange, letters of credit, notes, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of, banks, savings and loan or other institutions or associations, proofs of loss, evidences of debts, releases, satisfaction of mortgages, liens, judgments, security agreements and other debts and obligations, and such other instruments in writing of whatever kind and nature as may be necessary or proper in the exercise of the rights and powers granted.

This instrument is to be construed and interpreted as a general durable power of attorney. The enumeration of specific items, rights, acts or powers is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers granted to attorney-in-fact. This power of attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time.

The rights, powers, and authority of attorney-in-fact granted shall commence and be in full force and effect immediately upon execution of this instrument. Such rights, powers and authority shall remain in full force and effect thereafter until terminated by written notice.

In the event Deborah Jan Bullock is unable to perform as my true and lawful attorney-in-fact, I do hereby make, constitute and appoint Linda Marchelle Blackwell of 200 Webster B Road, Louisville, Mississippi 39339, telephone: 662-773-3655 as my true and lawful substitute attorney-in-fact who, in such event, is to have the same powers as Deborah Jan Bullock.

Dated: 4-2-12

Margaret Rachel Beason
MARGARET RACHEL BEASON

STATE OF MISSISSIPPI
COUNTY OF ~~LEE~~ Winston

Personally appeared before me, the undersigned authority in and for said county and state, on this the 2nd day of April, 2012, within my jurisdiction, the within named Margaret Rachel Beason who acknowledged that she executed the above and foregoing instrument.

Brittany Allen
NOTARY PUBLIC

May 2 2015
My Commission expires:



**MISSISSIPPI DURABLE POWER OF ATTORNEY
FOR HEALTH CARE**

NOTICE TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document, you should know these important facts:

This document gives the person you designate as the attorney in fact (your agent) the power to make health care decisions for you. This power exists only as to those health care decisions to which you are unable to give informed consent. The attorney in fact must act consistently with your desires as stated in this document or otherwise made known.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

The document gives your agent authority to consent, to refuse to consent or to withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any statement of your desires and any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power, of your agent to make health care decisions for you if your agent (a) authorizes anything that is illegal, (b) acts contrary to your known desires, or (c) where your desires are not known, does anything that is clearly contrary to your best interests.

You have the right to revoke the authority of your agent by notifying your agent or your treating doctor, hospital or other health care provider in writing of the revocation.

Your agent has the right to examine your medical records and to consent to this disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die to (a) authorize an autopsy, (b) donate your body or parts thereof for transplant or for educational, therapeutic or scientific purposes, and (c) direct the disposition of your remains.

If there is anything in this document that you do not understand, you should ask your lawyer to explain it to you.

This power of attorney will not be valid for making health care decisions unless it is either (a) signed by two (2) qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature or (b) acknowledged before a notary public in the state.

I, Margaret Rachel Beason, hereby appoint Deborah Jan Bullock, 1104 President Street, Tupelo, Mississippi 38801,

Work Telephone Number _____ Home Telephone Number 662-844-7674

as my attorney in fact to make health care decisions for me in the event I become unable to give informed consent with respect to a given health care decision.

Subject to my special instructions below, this document gives my attorney in fact the full power to make health care decisions for me, before or after my death, to the same extent I could make decisions for myself and to the full extent permitted by law, including power to grant, refuse or withdraw consent on my behalf for any health care service, to make a disposition under the state's anatomical gift act, to authorize an autopsy, and to direct the disposition of remains. My attorney in fact also has the authority to talk to health care personnel, get information and sign forms necessary to carry out these decisions, and also the power provided in Sections 41-41-101 through 41-41-121, Mississippi Code of 1972, as now enacted or hereafter amended, being the statutes governing the withdrawal of life-saving mechanisms.

Special instructions: _____

If the person named as my attorney in fact is not available or is unable to act as my attorney in fact, I appoint the following person to serve in his or her place:

Linda Marchelle Blackwell, 200 Webster B Road, Louisville, Mississippi 39339

Work Telephone Number NA Home Telephone Number 662-773-3655

This power of attorney becomes effective when I can no longer make my own medical decisions and shall not be affected by my subsequent disability or incompetence.

PRINCIPAL SIGNATURE

By my signature I do hereby indicate that I understand the purpose and effect of this document.

Margaret R. Beason
Signature

April 2, 2012
Date

WITNESS STATEMENTS

I declare under penalty of perjury under the laws of Mississippi that the principal is personally known to me, that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as attorney in fact by this document, and that I am not a health care provider, nor an employee of a health care provider or facility.

(First Witness Signature)

(First Witness Name and Address)

(Second Witness Signature)

(Second Witness Name and Address)

I further declare under penalty of perjury under the laws of Mississippi that I am not related to the principal by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

(Signature of First or Second Witness)

-OR -

STATE OF MISSISSIPPI
COUNTY OF LEE Winston

On this 2nd day of April in the year 2012, before me,

Brittany Allen

(Name of Notary Public)

Personally appeared Margaret R. Pearson

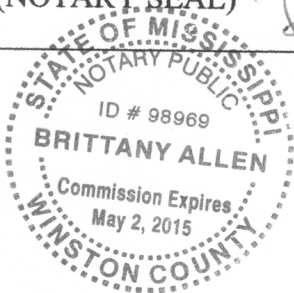
(Name of Principal)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person 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 appears to be of sound mind and under no duress, fraud or undue influence.

(NOTARY SEAL)

Brittany Allen

(Signature of Notary Public)



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Date (mm/dd/yyyy) Time (hh:mm)

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CHANCERY CLERK BILL BENSON

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