

MISSISSIPPI POWER OF ATTORNEY FORM

NOTICE TO THE PRINCIPAL:

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT AUTHORIZE YOUR AGENT TO MAKE MEDICAL AND HEALTH CARE DECISIONS FOR YOU.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I. DESIGNATION OF AGENT

This Mississippi General Durable Power of Attorney is entered into on the _____ day of _____, 20 ____.

I, _____, with a mailing address of _____ (hereinafter referred to as the "Principal"), hereby appoint _____, with a mailing address of _____ (hereinafter referred to as the "Agent"), as my attorney-in-fact to act for me and in my name, place, and stead.

II. DESIGNATION OF SUCCESSOR AGENT

If my Agent resigns, dies, becomes incapacitated, is not qualified to serve, or declines to serve, I appoint _____, with a mailing address of _____, as my Successor Agent.

III. GRANT OF GENERAL AUTHORITY

I grant my Agent and any Successor Agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act (Mississippi Code Title 87, Chapter 3).

(Initial or check the box next to each subject you want to include in the Agent's general authority. If you wish to grant all powers, check the box for "All Preceding Subjects").

- Real Property (pursuant to § 87-3-204)
- Tangible Personal Property (pursuant to § 87-3-205)
- Stocks and Bonds (pursuant to § 87-3-206)
- Commodities and Options (pursuant to § 87-3-207)
- Banks and Other Financial Institutions (pursuant to § 87-3-208)
- Operation of Entity or Business (pursuant to § 87-3-209)
- Insurance and Annuities (pursuant to § 87-3-210)
- Estates, Trusts, and Other Beneficial Interests (pursuant to § 87-3-211)
- Claims and Litigation (pursuant to § 87-3-212)
- Personal and Family Maintenance (pursuant to § 87-3-213)
- Benefits from Governmental Programs or Civil or Military Service (pursuant to § 87-3-214)
- Retirement Plans (pursuant to § 87-3-215)
- Taxes (pursuant to § 87-3-216)
- Gifts (pursuant to § 87-3-217)
- All Preceding Subjects**

IV. LIMITATIONS AND SPECIAL INSTRUCTIONS

My Agent's authority is subject to the following special instructions or limitations:

V. DURABILITY AND EFFECTIVE DATE

This Power of Attorney shall be construed as a Durable Power of Attorney. The authority granted in this

Power of Attorney is intended to be durable and shall not be affected by my subsequent disability, incapacity, or incompetency, or by the lapse of time.

This Power of Attorney shall become effective: (Check one)

- Immediately upon the date of my signature below.
- Upon my disability or incapacity as determined by a licensed physician.

VI. RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my Agent, may rely upon the validity of this Power of Attorney or a copy of it unless that person knows it has terminated or is invalid. Any third party who acts in good faith reliance on this Power of Attorney shall be protected and held harmless to the fullest extent permitted by Mississippi law.

VII. ACCOUNTING AND COMPENSATION

My Agent shall keep a record of all receipts, disbursements, and transactions made on my behalf.

My Agent is entitled to: (Check one)

- Reasonable compensation for services rendered.
- No compensation for services rendered.

My Agent is entitled to reimbursement for reasonable expenses incurred on my behalf.

VIII. NOMINATION OF CONSERVATOR OR GUARDIAN

If it becomes necessary for a court to appoint a conservator or guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Nominee's Name: _____

Nominee's Address: _____

IX. GOVERNING LAW

This Power of Attorney shall be governed by, construed, and enforced in accordance with the laws of the

State of Mississippi.

X. REVOCATION

I hereby revoke any and all prior Powers of Attorney regarding the subjects checked above, except for powers of attorney designated for health care decisions.

XI. SIGNATURE AND ACKNOWLEDGMENT

IN WITNESS WHEREOF, I have hereunto signed my name on the date set forth below.

PRINCIPAL

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

WITNESSES

We, the witnesses, each sign our names to this instrument in the presence of the Principal. To the best of our knowledge, the Principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Witness 1

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

Witness 2

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

NOTARY ACKNOWLEDGMENT

STATE OF MISSISSIPPI
COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this
____ day of _____, 20____, within my jurisdiction, the within named
_____ (Principal), who acknowledged that he/she executed the above and foregoing
instrument.

Signature of Notary Public: _____

(Seal)

My Commission Expires: _____

AGENT'S ACCEPTANCE OF APPOINTMENT

I, _____ (Agent Name), have read the attached Power of Attorney and am the
person identified as the Agent for the Principal. I hereby acknowledge that when I act as Agent:

1. I shall act in the Principal's best interest, in good faith, and only within the scope of authority granted.
2. I shall keep a complete and accurate record of all transactions entered into on behalf of the Principal.
3. I shall avoid conflicts of interest that impair my ability to act impartially in the Principal's best interest.
4. I shall disclose my identity as an Agent whenever I act for the Principal by writing or printing the
name of the Principal and signing my own name as "Agent" or "Attorney-in-Fact."

AGENT

Signature: _____

Print Name: _____

Date: ____ day of _____, 20____