

NOTICE TO PERSON EXECUTING THIS DOCUMENT
THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE EXECUTING
THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

IN ADDITION to other powers herein granted, 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.

STATE OF MISSISSIPPI
COUNTY OF LAUDERDALE

**COMBINED GENERAL DURABLE POWER OF ATTORNEY
AND DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

KNOW ALL MEN BY THESE PRESENTS, that I, **Janice H. Combest**, of 2718 - 40th Avenue, Lauderdale County, Meridian, Mississippi 39307, have made, constituted and appointed, and by these presents do make, constitute and appoint my daughter, **JENNY A. CANTERBURY**, of 12360 Schamberville Lane, Lauderdale County, Collinsville, Mississippi 39325, my true and lawful agent and attorney-in-fact, for me and in my name, place and stead:

(a) To ask, demand, sue for, recover, collect and receive all sums of money, debts, accounts, interest, dividends, annuities, and demands, whatsoever, as are now, or hereafter shall become due, owing or payable to me;

(b) To make, execute and deliver acquittance, receipts, releases or other discharges therefor; and

(c) To purchase, receive, or take possession of all lands, tenements and hereditaments upon such terms, conditions and covenants as said attorney shall think proper; and

(d) To lease, bargain, rent, transfer, sell, convey, grant, mortgage, and in any way encumber, all lands, tenements, hereditaments or any interest therein, upon such terms, conditions and covenants as said attorney shall think proper; and

(e) To make, sign, execute, sell, acknowledge and deliver all deeds, leases, assignments, agreements, contracts and other instruments covering and affecting any mineral or royalty interests which I now own or may hereafter acquire, including, but not limited to, oil, gas and mineral leases, mineral deeds, royalty deeds, division orders, operating agreements, unitization agreements and gas balancing contracts; and

(f) To buy, sell, mortgage, hypothecate and, in every manner, deal in and with goods, wares, merchandise, choses in action and all other types of personal property, stocks, bonds, certificates of deposit and every type of investment and investment contract, including all forms of investments now used as well as those that may come into use after the execution hereof; and

(g) To engage in, do and transact all and every kind of business that said attorney may think proper; and

(h) To make, sign, execute, sell, acknowledge and deliver all such deeds, leases and assignments of leases, covenants, indentures, agreements, hypothecations, bills of lading, notes, checks, receipts, evidences of debt, releases and satisfactions of mortgages, all forms of security for debt or obligation, judgments and other debt, and such other instruments of whatsoever kind and nature as may be necessary or proper in the premises; and

(l) To conduct on my behalf and suit, litigation, or proceeding of any kind, to assert any right or defense of mine and execute for me any pleading of any kind in any such proceeding; and

(j) To obtain insurance of any kind, nature or description whatsoever, on any of my lands, tenements and hereditaments, in connection with the management, use or operation thereof or in respect of the rents, issues and profits arising therefrom, and to make, execute and file proof or proofs of all loss or losses sustained or claimable thereunder, and all other instruments in and about the same, and to make, execute and deliver receipts, releases or other discharges therefor; and

(k) To file on my behalf any and all tax returns with federal, state or local agencies and to enter into any and all agreements, stipulations or contracts with any taxing authority to contest, compromise, settle or pay any tax assessed, proposed or claimed to be due from me or in connection with any of my property, including but not limited to:

The full and complete power, authority and discretion to represent me before any office of the Internal Revenue Service, or other taxing authority, with respect to any tax



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matter involving me for any year or years. Said attorney in fact shall, subject to revocation, have authority to receive confidential information and full power to perform on my behalf the following acts with respect to said tax matters:

To execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.

To execute consents extending the statutory period for assessment or collection of taxes.

To execute closing agreements under Section 7121 of the Internal Revenue Code.

To delegate authority or substitute another representative.

Copies of notices and other written communications addressed to me in proceedings involving the above matters should be sent as said attorney-in-fact designates.

(1) To hire accountants, attorneys at law, clerks, workmen and others, and to remove them, and appoint others in their place, and to pay and allow to the persons to be so employed such salaries, wages or other remuneration as my attorney shall think fit; and

(m) To make gifts from my assets to my family, to charities in which I am interested and to other established objects of my bounty. I especially empower my attorney to make gifts to carry out any estate or lifetime plan I adopt, before or after this date.

(n) To arrange for and to contract with, in my name, such physicians, doctors, surgeons, dentists, optometrists, nurses (RNs, LPNs, or merely practical nurses), sitters, companions, pharmacies, surgical and prosthetic goods suppliers, hospitals, infirmaries, clinics, nursing homes, convalescent homes or institutions, rooming homes and other

organizations or institutions of a similar nature, for furnishing me with general or special attention, surgery, dental surgery and care, optometrical attention and needs, pharmaceutical and surgical and prosthetic items, health and convalescent care, which my attorney-in-fact deems necessary, desirable or appropriate for my health, comfort and welfare; including the right and power to determine what medical treatment or procedures are proper and appropriate for me under the existing circumstances and specifically including the right and power to refuse any treatment deemed improper or inappropriate, even though I am not then competent to make a decision concerning the matter. Without limiting the above general powers and discretion, in this regard:

1. Personal and Medical Care: My attorney is to make each and every judgment necessary for my proper and adequate care and custody and is given the power to make an informed consent or any other informed refusal on my behalf with respect to my physical and mental health care and comfort. My attorney is given the right to any and all medical information from past or present.

2. Life Support Systems: I wish to live as long as possible, but if there is no reasonable expectation of my recovery, I do not wish to receive futile medical treatment which I define as treatment that will provide no benefit to me and will only prolong my inevitable death or irreversible coma. Therefor my attorney in such circumstances is to request that aggressive medical therapy not be instituted or, if instituted, be discontinued, including (but not limited to) cardiopulmonary resuscitation, the implantation of a cardiac pacemaker, renal dialysis, parenteral feeding, the use of respirators or ventilators, blood transfusions, intravenous feedings, antibodies, and organ transplants. He should try to discuss specifics of any such decision with me, if I am able to communicate in any manner,

even by blinking my eyes. If I am unconscious, comatose, or otherwise unreachable by such communication, my attorney should make the decision guided primarily by any preferences I have previously expressed and secondarily by the information given by the physicians treating me as to my medical diagnosis and prognosis.

3. Relief From Pain: My attorney is to consent to and arrange for the administration of pain relieving drugs of any type, or other surgical or medical procedures calculated to relieve my pain even though their use may lead to permanent physical damage, addiction or even hasten the moment of (but not intentionally cause) my death.

4. Legal Rights: My attorney is to exercise all my legal rights to make decisions concerning my medical treatment or non-treatment, even though the exercise of such rights might hasten death or be against medical advice. He may take appropriate legal action, if necessary in his judgment, to enforce my rights in this regard.

(o) The powers of sale and encumbrance granted herein shall include the power to sell all or any interest in or in any way encumber or consent to the sale or encumbrance of my homestead. The house and lot designated as my address above is my homestead at the time this power is executed. These provisions shall also apply to any other homestead hereafter established in place of my present one.

(p) Without in any wise limiting the foregoing, generally to do, execute and perform any other act, deed, matter or thing whatsoever of every nature and kind that I could do if personally present and fully competent.

(q) This Power of Attorney shall not be affected by my disability or incompetence subsequent to the execution of this power.



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I, **Janice H. Combest**, do hereby ratify and confirm all that my said attorney may lawfully do or cause to be done by virtue hereof. This power of attorney shall remain in effect until revoked in writing and if recorded until such revocation is also filed for record.

WITNESS MY SIGNATURE this the 3rd day of November, 2006.

Janice H. Combest
JANICE H. COMBEST

Prepared by:

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STATE OF MISSISSIPPI

COUNTY OF Lauderdale

On this 3rd day of November, 2006, before me, a Notary Public, personally appeared **JANICE H. COMBEST**, 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 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.

My Commission Expires:

January 19, 2009

Donald B. Ameli
NOTARY PUBLIC

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