

Exhibit 3

LAST WILL
OF
PHILIP R. WORKMAN

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LAST WILL
OF
PHILIP R. WORKMAN

I, **PHILIP R. WORKMAN**, of Davidson County, Tennessee, being of sound and disposing mind and memory, do hereby make, publish and declare the following to be my Last Will, and I hereby cancel and revoke any and all of my prior wills and codicils

I. DISPOSITION OF BODY AND REMAINS. It grant my brother, **TERRY LEE WORKMAN**, the power and authority to take possession of my body and remains immediately upon my death and no person or governmental institution or employee thereof shall have any authority to order otherwise without my brother, **TERRY LEE WORKMAN'S**, prior written approval. Furthermore, I grant my brother, **TERRY LEE WORKMAN**, any and all power and authority necessary to direct the disposition of my remains, but I do not authorize the performance of an autopsy, autopsy procedures, the drawing of bodily fluid and/or the taking of bodily tissue.

II. DISPOSITION OF ESTATE.

A. Payment of Final Expenses. I direct my Personal Representative to pay out of my estate, as soon as is practicable, all of my legally enforceable debts, the expenses of my last illness and funeral, and the cost of a suitable marker for my grave.

B. Tangible Personal Property. All articles of tangible personal property which I may own at the time of my death, I give and bequeath to my brother, **TERRY LEE WORKMAN**, if he is then living at the time of my death, or I not, such tangible personal property shall pass to the descendants of my brother, **TERRY LEE WORKMAN**, per stirpes. If all of (i) my brother, **TERRY LEE WORKMAN**, and (ii) my brother, **TERRY LEE WORKMAN'S** descendants have predeceased me, such tangible personal property shall be distributed pursuant to Article II

C. Residuary Bequest. The remainder of my estate shall pass to my brother, **TERRY LEE WORKMAN**, if he is then living at the time of my death, or I not, such remainder of my estate shall pass to the descendants of my brother, **TERRY LEE WORKMAN**, per stirpes. If all of (i) my brother, **TERRY LEE WORKMAN**, and (ii) his descendants have predeceased me, such remainder of my estate shall be distributed pursuant to Article II.

I. CONTINGENT DISTRIBUTION TO HEIRS. Any distribution to be made pursuant to this Article shall be made to the individuals who would be entitled to my property under the laws of descent and distribution of the State of Tennessee, in force on the date this Will is

signed, had I died intestate possessed of such property on the date the distribution is to be made, with the shares of taking determined by such laws.


PRW

II. FIDUCIARIES.

A. Appointment of Personal Representative.

(1) I hereby appoint my brother, **TERRY LEE WORKMAN**, as the Personal Representatives of my estate.

(2) The term "Personal Representative", as used in this Will, shall be deemed to include the terms "executor" or "administrator" if those terms are used in the statutes of any state which has jurisdiction over all or any portion of my estate. The term shall include Co-Personal Representatives when two or more Personal Representatives have been nominated and are acting as such. Every title, estate, right and discretion vested in or conferred upon the Personal Representative of my estate shall likewise become and be vested in, and may be exercised by, a successor Personal Representative. I request that my Personal Representative be allowed to qualify thereas without providing a bond. Additionally, I specifically waive and excuse my Personal Representative from the filing of my estate's inventory, pursuant to Tennessee Code Annotated Section 30-2-301, and the filing of any accounting of my estate, pursuant to Tennessee Code Annotated Section 30-2-601(a)(1), with any court. I furthermore extend such waiver and excuse to any state in which my Will is probated if the state allows for such waiver and excuse.

B. Independent Administration. To the fullest extent permitted by law, I hereby authorize my Personal Representative to administer my estate without adjudication, order or supervision of the Probate Court or other court having jurisdiction over my estate. In the event of such independent administration, my Personal Representative shall have, in addition to the powers specifically granted my Personal Representative in this Will, the rights and powers permitted independent personal representatives by the laws of my state of domicile effective with respect to such administration.

C. General Powers of Personal Representative. In addition to all the powers granted to my Personal Representative under applicable state law (including, but not limited to, all of the powers described in Sections 35-50-109 and 35-50-110 of the Tennessee Code Annotated, as amended or restated from time to time, to the extent applicable and except as otherwise amended or modified herein), I grant to my Personal Representative the following rights and powers with respect to my estate, all to be exercisable by my Personal Representative without order of the Probate Court or other court having jurisdiction over my estate:

- (1) To sell, dispose of, manage and operate all and any property, real or personal, constituting my estate which is not specifically devised or bequeathed in this Will;
- (2) To incur such expenses in the administration of my estate as my Personal Representative may deem necessary and proper;
- (3) To adjust any claims which may be due to or by me or due to or by my

estate, upon such terms as my Personal Representative may deem proper; and

(4) To invest any funds coming into my Personal Representative's hands in such securities or other property as my Personal Representative may select, whether or not of the class or kind usually permissible for estates.

D. Ancillary Administration If ancillary administration of my estate, outside my state of domicile, shall be deemed necessary or advisable by my Personal Representative, my Personal Representative shall have the right to act as ancillary administrator, or to appoint an attorney-at-law licensed to practice in the state in which such ancillary administration is to take place or a bank or trust company, having net assets under management of not less than One Hundred Million Dollars (\$100,000,000) at the time of such appointment, authorized to do business in such state, as the ancillary administrator of my estate, with such bond, if any, as my Personal Representative, in the sole discretion of my Personal Representative, shall determine.

E. Who May Be Appointed Except as otherwise limited by this Article, a fiduciary or successor appointed under this Article shall be either (i) an independent individual, or (ii) must be a bank or trust company having net assets under management in excess of One Hundred Million Dollars (\$100,000,000) at the time of appointment. An independent fiduciary is one, whether an individual, bank or trust company that is not related to the Philip R. Workman as such term is defined in Section 672(c) of the Internal Revenue Code.

F. Majority of Fiduciaries May Act A majority decision of the then acting Co-Fiduciaries shall be the decision of all of the then acting Co-Fiduciaries, and shall bind such estate as fully as though it had been a unanimous decision of the Co-Fiduciaries. However, any Co-Fiduciary not consenting to such majority decision shall incur no liability for, nor have any responsibility for, any action taken or omitted to be taken as a result of any such majority decision. Furthermore, Co-Fiduciaries by a written statement or other memorandum executed by all fiduciaries, may allocate various responsibility, decision making and other authority among themselves.

G. Appointment of Custodian The individual Personal Representative(s) may at any time appoint a corporate custodian and delegate to such custodian any or all powers or duties, discretionary or otherwise, exercisable or required of such individual Personal Representative(s) with respect to bookkeeping and related administrative duties. Such appointment or delegation may be revoked at any time by written instrument duly signed, acknowledged and delivered to such custodian. Written notice of any appointment, delegation or revocation shall also be given to the income beneficiary affected by the exercise of such power. The individual Personal Representative(s) exercising this power of delegation shall not be liable for the acts, omissions or defaults of the custodian unless such Personal Representative(s) in selecting such custodian, are guilty of gross negligence, bad faith or fraud. Any custodian appointed under the provisions of this paragraph shall serve only during the tenure of the individual Personal Representative(s) who appointed the custodian.

H. Bond Not Required. No fiduciary acting under this Will shall be required to give bond for the faithful performance of his, her or its duties; except as may otherwise be requested by my Personal Representative in connection with any ancillary administration.

I. Fiduciary's Authority Presumed. No person dealing with any fiduciary acting under this Will shall be obligated to see to the application of any money, securities or other property paid or delivered to such fiduciary, nor to inquire into the authority of such fiduciary to enter into and consummate any transaction or take any other action.

J. Fiduciary's Liability for Own Actions. No fiduciary acting under this Will shall be liable for any mistake in judgment in the making or retaining of investments, or any other discretionary decision made, so long as any such decision is made in good faith.

K. Fiduciary's Liability for Actions of Predecessor. No fiduciary acting under this Will shall have any liability for the acts or omissions to act of any predecessor fiduciary, nor any obligation to audit the accounts of any predecessor fiduciary. No fiduciary shall be entitled to any acceptance fee or other additional compensation for auditing or investigating the accounts of such predecessor fiduciary.

L. Fiduciary Indemnified. Any individual acting as a fiduciary under this Will shall be indemnified and reimbursed from my estate for any loss, damage, liability or expense incurred or sustained by such fiduciary, in an individual or fiduciary capacity, by reason of any act or failure to act of such fiduciary for or on behalf of and in furtherance of my estate. However, the protection provided by this paragraph shall not apply to any loss, damage, liability or expense incurred or sustained by reason of gross negligence or willful malfeasance of the fiduciary.

M. Accountings. If requested by any income beneficiary, but in any event not more often than annually, the fiduciary shall render to each income beneficiary (which shall be given to the parent or legal or natural guardian, or other person having custody, of each income beneficiary under a legal disability) of each estate created under this Will, annual statements of the transactions of such estate, which requirement may be satisfied by delivering to each such income beneficiary or his or her guardian a copy of the federal income tax return for the estate for such period. Except as provided in this paragraph, and to the maximum extent permitted by law, I hereby relieve the fiduciary from any obligation, whether pursuant to state statute or otherwise, to render accountings for the estate created under this Will.

N. Compensation. Each individual fiduciary shall be entitled to receive reasonable compensation for his or her services as a fiduciary acting under this Will, and shall be reimbursed for the reasonable and necessary expenses incurred in the performance of his or her duties as such. Any corporate fiduciary shall be entitled to reimbursement for expenses and to receive compensation for its services as a fiduciary

under this Will in accordance with its published schedule of fees in effect at the time such expenses are incurred or such services are rendered, or a lower amount as otherwise negotiated.

O. Custody of Assets. While two or more fiduciaries are acting with respect to my estate, the corporate fiduciary, if any, shall have the right to custody of all assets of such estate and shall keep the records of my estate. If no corporate fiduciary is acting, custody of estate and the estate records shall be kept by any one or more of the fiduciaries acting with respect to my estate.

II. DEFINITIONS AND GENERAL PROVISIONS.

A. Survivorship. Any beneficiary who dies within ninety (90) days after my death shall be considered to have died prior to my death.

B. Children. The terms "child" and "children" as used in this Will shall include lawfully adopted children as well as natural children; provided, that any adoption which becomes final after the adopted person has attained age eighteen (18) shall not be considered a lawful adoption for purposes of this Will. A posthumous child shall be considered as living at the death of his or her parent. Any child born to an unwed mother shall be deemed to be the legitimate child of such mother, but shall not be the child of the father unless (1) the father has executed a written declaration acknowledging the child as his own or (2) a court of competent jurisdiction has entered an order or judgment declaring that a father/child relationship exists. On the date this Will is executed, I have no children.

C. Descendants. The term "descendants" as used in this Will means the children of the person designated and the descendants of such children, excluding any descendant whose adoption become final after age eighteen (18) and such person's descendants. Except for distributions which may be made unequally, whenever a distribution is to be made to the descendants of any person, the property to be distributed shall be divided into as many equal shares as there are living children of the person and deceased children of the person who have descendants who are then living. Each living child shall take one share and the share of each deceased child shall be divided among his or her then living descendants in the same manner.

D. Fiduciary. The term "fiduciary" as used in this Will means any Personal Representative, as the case may be, acting under this Will.

E. Other Terms. For the purposes of this Will, the use of either the singular or the plural shall be presumed to include the other. The use of titles and headings in this Will are for organizational purposes only and no such title or heading shall have any legal effect.

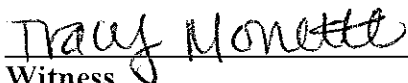
F. Governing Law. This Will and the administration of my estate shall be governed by the laws of the State of Tennessee.

IN WITNESS WHEREOF, I have hereunto set my hand, and hereby publish and declare this document to be my Last Will, in the presence of the witnesses named below, this 3rd day of May, 2007.



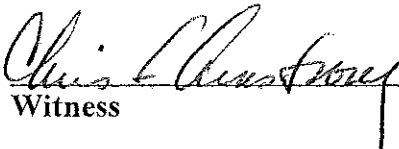
PHILIP R. WORKMAN

On this 3rd day of May, 2007, PHILIP R. WORKMAN did sign, publish and declare the foregoing instrument as and for said person's Last Will in the presence of the undersigned who, at said person's request, in said person's presence and in the presence of each other, do hereby subscribe our names as attesting witnesses, and we do hereby state that, to the best of our knowledge, at the time of the execution of this Last Will, PHILIP R. WORKMAN was at least eighteen (18) years of age and of sound and disposing mind and memory.



Witness

Residing at 203 Fall St.
Nashville, TN



Witness

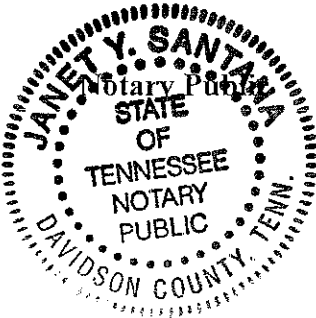
Residing at 1202 Ashwood Ave.
Nashville, TN

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON) ss.

I, the undersigned, an officer authorized to administer oaths, certify that PHILIP R. WORKMAN, the Testator, and the witnesses, whose names are signed to the foregoing instrument, having appeared together before me and having been duly sworn, each then declared to me that the Testator signed and executed the instrument as said person's Last Will, and that said person had willingly signed and executed it as said person's free and voluntary act for the purposes therein expressed; and that each of the witnesses, in the presence and hearing of the Testator, signed the Last Will as witness and that to the best of their knowledge the Testator was at the time eighteen or more years of age, of sound mind, and under no constraint or undue influence.

IN WITNESS WHEREOF I have hereunto subscribed my name and affixed my official seal this 3rd day of May, 2007.

(SEAL)



Janet Santana
My Commission Expires 3/21/09

AFFIDAVIT BY WITNESSES TO WILL

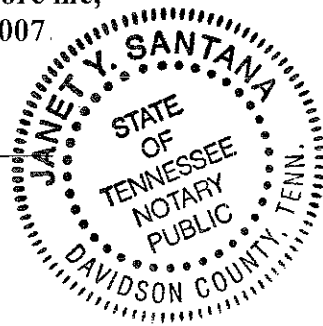
Each of the aforesaid witnesses, being Tracy Monette and Chris Armstrong subscribed to the foregoing Last Will and Testament of PHILIP R. WORKMAN, executed on this 3rd day of May, 2007 having been requested by the Testator to make and sign this Affidavit, and having been duly sworn before the Notary Public whose name appears below, hereby state that the Testator was over eighteen (18) years of age, was of sound mind, declared the foregoing instrument to be his Last Will and Testament, published and executed it by signing it in the presence of all of us who were all present at the same time and we, in his presence, at his request, and in the presence of each other, subscribed our names as witnesses on the said 3rd day of May, 2007.

Tracy Monette
Witness

Chris Armstrong
Witness

Sworn to and subscribed to before me,
this 3rd day of May 2007.

Janet Y. Santana
NOTARY PUBLIC



PHILIP R. WORKMAN
DURABLE POWER OF ATTORNEY FOR HEALTH CARE
AND
LIVING WILL

ARTICLE I. Title. This Instrument shall be entitled and known as the PHILIP R. WORKMAN DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL, and is being entered into this 3rd day of MAY, 2007

I, PHILIP R. WORKMAN, of Davidson County, Tennessee, do hereby appoint my brother, TERRY LEE WORKMAN, as my lawful attorney-in-fact (hereinafter referred to as "my attorney") for me and in my stead, to make all health care decisions for me and on my behalf as I might do for myself if able, in accordance with the provisions of Tennessee Code Annotated §§ 34-6-201 et seq., as they are now constituted and as they may later be amended

This Durable Power of Attorney for Health Care and Living Will shall not be affected by the passage of time or by my subsequent disability or incapacity. All acts done by my attorney pursuant to this power during any period of my disability or incapacity shall have the same effect and enure to the benefit of and bind me and my successors in interest as if I were competent and not disabled.

ARTICLE II. Definitions. As used in this Instrument unless the context otherwise requires:

(1) This "Instrument" means this Durable Power of Attorney for Health Care and Living Will

(2) "Durable power of attorney for health care" means a durable power of attorney to the extent that it authorizes an attorney-in-fact to make health care decisions for the principal

(3) "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition and includes medical care as that term is defined in Tennessee Code Annotated § 32-11-103(5).

(4) "Health care decision" means consent, refusal of consent, or withdrawal of consent to health care.

(5) "Health care institution" means health care institution as defined in Tennessee Code Annotated § 68-11-102.

(6) "Health care provider" means a person who is licensed, certified, or otherwise authorized or permitted by the law of this state to administer health care in the ordinary course of business or practice of a profession.

(7) "Person" includes an individual, corporation, partnership, association, the state, a city, county, city and county, or other public entity or governmental subdivision or agency, or any other legal entity.

(8) "Act" refers to Public Acts of 1990, Chapter No. 831, as codified under Tennessee Code Annotated § 34-6-201, entitled "An Act to Amend Tennessee Code Annotated, Title 34, Chapter 6, Relative to Durable Power of Attorney for Health Care", as amended through the date hereof.

(9) "Terminal condition" means any disease, illness, injury, or condition, including but not limited to a coma or persistent vegetative state, sustained by any human being, from which there is no reasonable medical expectation of recovery and which, as a medical probability, will result in the death of such human being, regardless of the use or discontinuance of medical treatment implemented for the purpose of sustaining life, or the life processes.

(10) All other definitions as may later be added to Tennessee Code Annotated § 34-6-201, as it now exists or may later be amended, are hereby incorporated by reference.

ARTICLE III. Powers. The powers of my attorney shall include the following:

1. My said attorney shall have the power to make health care decisions, along with any decisions regarding the disposition of my body and remains, on my behalf before or after my death, to the same extent as I could make such decisions for myself had I the capacity to do so, including but not limited to:

(a) making a disposition under the "Uniform Anatomical Gift Act", Tennessee Code Annotated, Title 68, Chapter 30;

(b) directing the disposition of remains pursuant to Tennessee Code Annotated, Title 68, Chapter 4

2. Furthermore, in addition to the powers granted to my attorney herein, my attorney shall take possession of my body and remains immediately upon my death and no person shall have any other authority to order otherwise without my attorney's prior approval.

3. My said attorney shall have full authority to make health care decisions in my behalf in the event I have a terminal condition. The decision to withhold or withdraw health care may be made by my attorney permitting me to die naturally with only the administration of palliative care as defined in Tennessee Code Annotated § 32-11-103(7). My attorney is further authorized to withhold or withdraw artificially provided food, water or other nourishment or fluids only if I have so indicated by checking the appropriate line in Article III Section 4 hereof.

3. My said attorney shall have full authority to make all other health care decisions in my behalf in the event I am incapacitated or disabled, to the extent allowed by law.

4. I specifically include the provisions of the Tennessee Right to Natural Death Act statute, Tennessee Code Annotated §§ 32-11-101 et seq., and which are hereby incorporated by reference as a part of this Durable Power of Attorney for Health Care and Living Will. This instrument shall be construed and interpreted as both a durable power of attorney for

health care and as a living will. The inclusion of living will provisions within this instrument, and the enumeration of any other specific items, rights or powers herein shall not limit or restrict my said attorney, and shall not be construed or interpreted as limiting or restricting the general powers herein granted to my said attorney to make all necessary decisions concerning health care. Nevertheless, should the durable health care power of attorney provisions of this instrument not be enforceable for any reason, or if my said attorney should be unavailable or unable to act for any reason, I direct that the living will provisions set forth below shall stand alone to express my wishes, it being my intention that this declaration shall then be honored by my family and physician as the final expression of my legal right to refuse medical care and accept the consequences of such refusal:

ARTICLE IV Disposition of Body and Remains. Furthermore, notwithstanding anything contained in this document, in addition to the powers granted to my attorney herein, my attorney shall take possession of my body and remains immediately upon my death and no person shall have any other authority to order otherwise without my attorney's prior written approval. Additionally, I grant my attorney any and all power and authority necessary to direct the disposition of my remains, but I do not authorize the drawing of bodily fluid and/or the taking of bodily tissue, an autopsy, or any autopsy procedures.

I, PHILIP R. WORKMAN, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstance set forth below, and do hereby declare:

If at any time I should have a terminal condition and my attending physician has determined that there is no reasonable medical expectation of recovery and which, as a medical probability, will result in my death, regardless of the use or discontinuance of medical treatment implemented for the purpose of sustaining life, or the life process, I direct that medical care be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medications or the performance of any medical procedure deemed necessary to provide me with comfortable care or to alleviate pain.

ARTIFICIALLY PROVIDED NOURISHMENT AND FLUIDS: By checking the appropriate line below I specifically:

authorize the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids after no less than eight (8) days of observation, treatment and care.

DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other nourishment or fluids.

ORGAN DONOR CERTIFICATION: Notwithstanding my previous declaration relative to the withholding or withdrawal of life- prolonging procedures, if as indicated below I have expressed my desire to donate my organs and/or tissues for transplantation, or any of them as specifically designated herein, I do direct my attending physician, if I have been determined

dead according to Tennessee Code Annotated § 68-3-501(b), to maintain me on artificial support systems only for the period of time required to maintain the viability of and to remove such organs and/or tissues. By checking the appropriate line below I specifically:

_____ desire to donate my organs and/or tissues for transplantation.

_____ desire to donate my _____

DO NOT desire to donate my organs or tissues for transplantation.

In the absence of my ability to give directions regarding my medical care, it is my intention that this declaration shall be honored by my family and physicians as the final expression of my legal right to refuse medical care and accept the consequences of such refusal. The definitions of terms used herein shall be as set forth in the Tennessee Right to Natural Death Act, Tennessee Code Annotated § 32-11-103. I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

ARTICLE V. Right to Information. My said attorney shall have the same right as I would have to receive information regarding the proposed health care, to receive and review medical records, and to consent to the disclosure of medical records. As such, I authorize the disclosure to my attorney-in-fact hereunder by all health care providers and all "covered entities" as that term is defined under the Privacy Regulations (the "Privacy Regulations"), promulgated under the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), of all of my personal health information (including, but not limited to "protected health information," as that term is defined under the Privacy Regulations), in order to afford my Agent the broadest access to my personal health information and financial information, without limitation.

ARTICLE VI. Revocation.

(a) After executing this Durable Power of Attorney for Health Care and Living Will, I may revoke the appointment of my attorney by any of the following methods:

- (1) By notifying my attorney orally or in writing; or
- (2) By revoking the authority granted to my attorney to make health care decisions by notifying the health care provider orally or in writing.

(b) If I notify the health care provider orally or in writing that the authority granted to my attorney to make health care decisions is revoked, the health care provider shall make the notification a part of my medical records and shall make a reasonable effort to notify my attorney of the revocation.

(c) This Durable Power of Attorney for Health Care and Living Will revokes any prior durable power of attorney for health care previously executed by me.

(d) If authority granted by this Durable Power of Attorney for Health Care and Living Will is revoked under this Article, a person is not subject to criminal prosecution or civil liability for acting in good faith reliance upon such durable power of attorney unless the person has actual knowledge of the revocation.

ARTICLE VII. Emergency Treatment. This Durable Power of Attorney for Health Care and Living Will does not affect the law governing health care treatment in an emergency.

ARTICLE VIII. My Objection Overrides. Nothing in this Durable Power of Attorney for Health Care and Living Will authorizes my attorney to consent to the withholding or withdrawal of health care necessary to keep me alive, if I object to the withholding or withdrawal of the health care. In such instance, that health care decision shall be governed by the law that would apply if there were no durable power of attorney for health care or living will; however, with respect to other and subsequent health care decisions, this Durable Power of Attorney for Health Care and Living Will shall remain in effect unless expressly revoked as provided in Article V hereof or in the Act

ARTICLE IX. Warning Statement to Principal (I understand this statement is a requirement of the Act)

"This document gives the person you designate as your agent (the attorney-in-fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document.

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.

This 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 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 (1) authorizes anything that is illegal or (2) acts contrary to your desires as stated in this document.

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

Your agent has the right to examine your medical records and to consent to their 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 (1) authorize an autopsy, (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes, and (3) direct the disposition of your remains.

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

ARTICLE X. Exoneration for Actions of Good Faith. I further absolve and hold harmless from blame, in respect to any act or decision made by my attorney hereunder, and in respect to any attending physician(s) who offers his (or their) opinion in this regard, all of my said attorney, attending physician(s) and all personnel who act upon their instructions in regard to my health care treatment or to any other procedure authorized by this Instrument, so long as such attorney, physician(s) and/or other personnel act(s) merely in good faith.

ARTICLE XI Severability. If any one or more of the provisions contained in this instrument shall for any reason be held invalid, illegal or unenforceable for any reason, such invalidity, illegality or unenforceability shall not affect any other provisions of this Instrument (including, without limitation, the living will provision standing alone), which shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein. It is my intention that if any provision of this instrument is capable of two constructions, one of which would render the provision void and the other of which would render the provision valid, then the provision shall have the meaning which renders it valid.

IN WITNESS WHEREOF, I have executed this Instrument, entitled the PHILIP R WORKMAN DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL, on the date first indicated above, for the purposes herein contained, and state that I have read and understand all of the provisions contained herein.

Tracy Monette
Witness

Philip R Workman
PHILIP R WORKMAN, Principal

Clara F. Murray
Witness

THE PHILIP R. WORKMAN DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL,

Dated: 5-3-, 2007

AFFIDAVIT OF WITNESSES

I declare under penalty of perjury under the laws of Tennessee that the person who signed this document is personally known to me to be the principal; that the principal signed this instrument in my presence; that the principal appears to be of sound mind, fully aware of the action taken herein and its possible consequence, and under no duress, fraud, or undue influence; that I am not the person appointed as attorney in fact by this document; that I am not a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of an operator of a health care institution; that I am not related to the principal by blood, marriage, or adoption; that, to the best of my knowledge, I do not, at the present time, have a claim against any portion of the estate of the principal upon her death; and, that, 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 or codicil thereto now existing, or by operation of law.

Tracy Monette
Witness

Date: May 3, 2007

I declare under penalty of perjury under the laws of Tennessee that the person who signed this document is personally known to me to be the principal; that the principal signed this instrument in my presence; that the principal appears to be of sound mind, fully aware of the action taken herein and its possible consequence, and under no duress, fraud, or undue influence; that I am not the person appointed as attorney in fact by this document; that I am not a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of an operator of a health care institution; that I am not related to the principal by blood, marriage, or adoption; that, to the best of my knowledge, I do not, at the present time, have a claim against any portion of the estate of the principal upon her death; and, that, 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 or codicil thereto now existing, or by operation of law.

Chris F. Lewis
Witness

Date: May 3, 2007

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Subscribed, sworn to and acknowledged before me by PHILIP R. WORKMAN, the declarant, and subscribed and sworn to before me by Tracy Moneke and Chris Armstrong, witnesses, this 3rd day of May, 2007.

Janet Y. Santana
Notary Public

My commission expires:

3/2/09

