

STATE OF ALABAMA

SHELBY COUNTY

DURABLE GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, FRED YARBROUGH, a legal resident of Shelby County, Alabama, presently being of sound mind and not being under any physical or mental disability, incompetency or incapacity, do hereby nominate, constitute and appoint my wife, ERNESTINE YARBROUGH, a legal resident of Shelby County, Alabama, as and for my true and lawful attorney-in-fact under the provisions of and in accordance with Section 26-1-2, 1975 Code of Alabama, so that this power of attorney shall not be affected by my subsequent disability, incompetency or incapacity. I hereby bestow and vest my said attorney-in-fact with the following powers for me and in my name and on my behalf:

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

(2) Make, do and transact all and every kind of business of whatever nature she considers necessary; draw checks on my bank account or accounts and make deposits therein and perform any and all other banking functions;

(3) Act for me in any and all matters concerning all property which may be mine at the present time, and which may hereafter become mine, or to which I may now or hereafter be entitled to receive, whether the same be real, personal, or mixed, wherever the same may be situated. I specifically appoint, empower, and authorize my said attorney to act for me as she sees fit in order to protect my interests, and I do hereby specifically grant to and vest in my said attorney full power and authority in my name to sell, at private sale or public sale, and to convey, lease, exchange, mortgage, pledge, and otherwise alienate any or all of my said property, or any interest therein, on such terms as she deems to be proper, in her sole discretion, without the order of authority of any Court;

(4) Make all arrangements and execute all papers and documents that may be necessary or desirable hereafter to cause me to be admitted to and maintained in a Nursing Home, Convalescent Home, Hospital, or other medical, convalescent, or medical facility or boarding facility of any nature, should the same become necessary or desirable in the sole discretion of my said attorney.

This Durable General Power of Attorney, and the authority and powers herein granted, shall not, however, give or grant my said attorney the authority or power to modify or revoke my Last Will and Testament, nor to make any testamentary dispositions of my property, nor any part thereof.

Ernestine Yarbrough
Rt. 2 Box 663
Calera, Ala.
35040

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Giving and granting unto the said Ernestine Yarbrough, as my true and lawful attorney, from this day forward, so that this Power of Attorney shall not be affected by my subsequent disability, incompetency, or incapacity--and subject only to the sole limitations as specifically set forth in the preceding paragraph--full power and authority to do and perform all and every act or thing whatsoever requisite and necessary to be done in and about the premises (including but not limited to the specific powers granted herein) as full to all intent and purposes as I might or could do if personally present and not disabled, incompetent, or incapacitated, it being my purpose and intention to grant unto my said attorney all of the powers over my said property and estate that I am capable of granting to her as such attorney--subject only to the sole limitations as specifically set forth in the preceding paragraph--all without the order or approval of any Court.

I hereby ratify and confirm all that the said Ernestine Yarbrough, as my true and lawful attorney, shall lawfully do or cause to be done by virtue of the presents.

I hereby nominate and appoint the said Ernestine Yarbrough, by this Durable General Power of Attorney, to be my guardian, curator, conservator, and other fiduciary in the event of my disability, incompetency, or incapacity, without bond.

It is my intention that notwithstanding my subsequent disability, incompetency or incapacity, this power of attorney shall remain in full force and effect until expressly revoked or amended as provided by law, provided that such revocation or amendment shall be of no effect with respect to parties acting or things done in reliance upon this durable power of attorney prior to the actual receipt by them of written notice of such revocation or amendment.

IN WITNESS WHEREOF, I set my hand and seal this 6th day of February, 1990.

WITNESSES:

Evelyn M. Trice
Rachel Tate

Fred Yarbrough (SEAL)
Fred Yarbrough

STATE OF ALABAMA
SHELBY COUNTY

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Fred Yarbrough, whose name was signed to the foregoing instrument in my presence, and who is known to me, acknowledged before me on this day, that, being informed of all contents of the foregoing Durable Power of Attorney, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 6th day of February, 1990.

Sarahy S. S. Schroeder
Notary Public

MY COMMISSION EXPIRES OCTOBER 7, 1992

ALABASTER INTERNAL MEDICINE ASSOCIATES, P.C.

SUITE 206, SHELBY MEDICAL CENTER BUILDING

P. O. BOX 870

ALABASTER, ALABAMA 35007

864-1331

M. CLAGETT COLLINS, M.D., F.A.C.P.

January 18, 1990

TO WHOM IT MAY CONCERN:

Re: Fred Yarbrough
DOB: 8/2/1888

This is to state that Mr. Fred Yarbrough, even though he has mild organic brain syndrome, is of an appropriate mental status to be able to give his wife power of attorney over his business and medical affairs.


M. Clagett Collins, M.D., F.A.C.P.

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MCC/sr

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED

90 FEB -9 AM 10: 59


JUDGE OF PROBATE

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|------------------|----------|
| 1. Deed Tax | \$ |
| 2. Mtg. Tax | \$ |
| 3. Recording Fee | \$ 2.50 |
| 4. Indexing Fee | \$ 2.00 |
| 5. No Tax Fee | \$ |
| 6. Certified Fee | \$ 1.00 |
| Total | \$ 11.50 |