

STATE OF ALABAMA

SHELBY COUNTY

DURABLE GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, A. M. MUNCY, 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 ALBERT E. HYLTON, 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, payments, checks, debts, accounts, interest, dividends, bond coupons, 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 he considers necessary; draw checks and make withdrawals on my bank accounts or any other financial accounts, and make deposits therein, and perform any and all other banking functions, or matters involving my financial affairs; buy, sell, liquidate, invest, reinvest, or make any transactions involving stocks, bonds, mutual or other funds, accounts, or other securities;

(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 he 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 he deems to be proper, in his sole discretion, without the order or 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 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;

(5) Make all decisions concerning medical or surgical treatment, administration of medicine or drugs, and in sum, have authority to make any decisions involving my physical or mental health or well-being.

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.

Giving and granting unto the said Albert E. Hylton, as my true and lawful attorney, from this day forward, so that this Power of Attorney shall not be affected by my said subsequent disability, incompetency, or incapacity--and subject only to the sole limitations as specifically set forth in the preceding

03/21/1994-09073
11:18 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 MCD 11.00

Albert E. Hylton

P.O. Box 619

Wilsonville, OR
35186

Inst # 1994-09073

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 him 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 Albert E. Hylton, 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 Albert E. Hylton, 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.

In the event Albert E. Hylton is unwilling or unable to serve as my attorney-in-fact pursuant to the terms bestowed and vested herein, I nominate and appoint Faye M. Hylton, as alternate attorney-in-fact, with all rights, privileges, duties and responsibilities granted to the said Albert E. Hylton herein. I also nominate and appoint Faye M. Hylton as alternate guardian, curator, conservator, or other fiduciary, without bond, in the event such becomes necessary, and the said Albert E. Hylton is unable or unwilling to serve in said capacity.

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 15th day of March, 1994.

WITNESSES:

[Signature]

[Signature] (SEAL)
A. M. Muncy

STATE OF ALABAMA
SHELBY COUNTY

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that A. M. Muncy, 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 18th day of March, 1994.

[Signature]
Notary Public

MY COMMISSION EXPIRES MARCH 24, 1997
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