## STATE OF ALABAMA CERTIFY THIS INSTRUMENT WAS FILED ON:

BOOK: 949 PAGE: 717 04/28/1998 03:55 REC FEE: \$6.00 COVINGTON CO, AL, SHERRIE R PHILLIPS - PROBATE JUDGE DOC #: 1998 9786

STATE OF ALABAMA)

COVINGTON COUNTY)

Prepared by: J. Mark Murphy
P. O. Drawer 1736

Andalusia, AL 36420

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, Erica Capps Czap, a resident of Covington County, Alabama, and being desirous of appointing an Attorney in Fact to act for me and on my behalf on all matters in which I may have an interest, do hereby nominate, constitute and appoint my husband, James E. Czap, Jr., my true and lawful Attorney in Fact, with full power to sell, transfer, exchange, mortgage, or otherwise dispose of any of my property, real, personal, or mixed and to execute and deliver good and sufficient deeds, notes, and mortgages or other instruments for the conveyance or transfer of the same, to collect, sue, compromise, or otherwise dispose of any claim or debt in which I now or heretofore or hereafter may have any interest, to pay, compromise, or otherwise discharge and secure releases from any obligations or claims against me, to deposit in my name and for my account with any bank or banker, or trust company, all moneys which may come to his hands as such Attorney in Fact and all bills of exchange, drafts, checks, promissory notes and other securities for the purpose of paying bills to sign my name, and endorse the same for deposits or collections, and from time to time withdraw any or all moneys deposited with the same aforesaid bank, banker, or trust company or other banking institution having moneys belonging to me, and for that purpose to draw checks in my name.

In the event that I am, in the opinion of my treating physician, suffering from a physical or mental condition which renders me incapable of making determinations concerning appropriate medical treatment, then I appoint and empower my husband, James E. Czap, Jr., to make any and all decisions regarding my treatment and care. The determination by said physician of my disability, incompetency, incapacity, or my recovery therefrom, shall not subject the said physician to any liability for damages or otherwise to me, my heirs, personal representative, and next of kin, unless said determination is made maliciously or with intentional bad faith.

In the event court proceedings are hereafter commenced to appoint a guardian, curator, conservator or other fiduciary to take charge of, manage and conserve my property, I hereby nominate and appoint my said Attorney in Fact as my guardian, curator, conservator or other fiduciary, to serve without bond unless otherwise required by a court of competent jurisdiction, and I further exempt the guardian, curator, conservator or other fiduciary from filing any reports or rendering any accounts to any court, unless required by a court of competent jurisdiction to render an accounting.

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY DISABILITY, INCOMPETENCY, OR INCAPACITY OF THE PRINCIPAL.

FURTHER, I do authorize my aforesaid Attorney in Fact to perform all necessary acts in the aforesaid authorizations and generally do any and all acts on my behalf on any other matter or thing pertaining or belonging to me, with the same validity as I could effect, if personally present, thereby ratifying and confirming whatsoever my said Attorney shall and may do, by virtue hereof in the premises;

FURTHER, This Power of Attorney shall remain in full force and effect until revoked by me in writing.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 24th day of April, 1998.

Erica Capps Czap (SEAL)

STATE OF ALABAMA) COVINGTON COUNTY)

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I, the undersigned authority, a Notary Public in and for said County in said State, hereby certify that Erica Capps Czap, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that being informed of the contents of this instrument, she executed the same voluntarily on the day the same bears date.

Witness my hand and official seal this the 24th day of April, 1998.

05/28/1998-19448 10:25 AM CERTIFIED SHELDY COUNTY MUSCE OF PROSATE

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