

STATE OF ALABAMA)
COUNTY OF SHELBY)

Inst # 2001-03634

02/01/2001 - 03634
DURABLE POWER OF ATTORNEY

01:06 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 CJ1 14.00

This instrument is intended to constitute a Durable Power of Attorney, through which I, **GEORGE COGGINS**, the undersigned, of the City of Alabaster, County of Shelby, State of Alabama, do hereby make, constitute and appoint the following designated persons to act as my agents.

I. FINANCIAL

I appoint my son, **DAVID COGGINS**, my true and lawful attorney in fact, for me and in my name, place and stead, and on my behalf and for my use and benefit, to do, perform and execute all and every act that I may legally do through an attorney in fact, **including, but not limited to, specifically the power to sell, convey, encumber and transfer ownership to anyone (including my attorney in fact, whether with or without consideration) of any and all of my real and personal property, including my homestead, and to change ownership or beneficiary of my life insurance to anyone (including my attorney in fact, whether with or without consideration), and to make gifts to anyone (including my attorney in fact) and to handle any and all banking related matters, including but not limited to, any checking or savings accounts and certificates of deposit**, and to possess every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which my said attorney in fact shall lawfully do or cause to be done by my said attorney in fact by virtue of the power herein conferred upon my said attorney in fact. In the event that the herein designated agent shall be unable or unwilling to serve as my attorney in fact, then I appoint my daughter, **MARGARET HITT**, as my attorney in fact with the same power and authority.

II. ALL MEDICAL DECISIONS EXCEPT END OF LIFE DECISIONS

I appoint my son, **DAVID COGGINS**, my medical attorney in fact in my name place and stead, and on my behalf and for my use and benefit, to make all health care decisions for me that do not include end of life decisions, and to possess every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which my said medical attorney in fact shall do by virtue of the power herein conferred upon my said medical attorney in fact. In the event that the herein designated agent shall be unable or unwilling to serve as my medical attorney in fact, then I appoint my daughter, **MARGARET HITT**, to serve as my medical attorney in fact with the same power and authority.

The rights, powers and authority of my said agents herein granted shall commence and be in full force and effect on the date I shall have signed this Durable Power of Attorney. The authority conferred herein shall not be affected by disability, incompetency or incapacity of the said principal, **GEORGE COGGINS**, and such rights, powers and authority shall remain in full force and effect thereafter until revoked by me by written notice to my herein designated agents. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns and personal representatives.

In Witness Whereof, as principal, I have signed this Durable Power of Attorney at Alabaster, Alabama, this 27 day of September, 1999, and I have directed that photographic

copies of this power be made that shall have the same force and effect as an original.

George Coggins
GEORGE COGGINS
DATE: 9-27-1999

STATE OF ALABAMA)
COUNTY OF SHELBY)

I, Linda P. Colvert, a Notary Public in and for said County in said State, hereby certify that **GEORGE COGGINS**, whose name is signed to the foregoing Durable Power of Attorney and who is known to me, acknowledged before me on this day that, being informed of the contents of said Durable Power of Attorney, **GEORGE COGGINS** executed the same on the day the same bears date.

Given under my hand this the 27th day of September, 1999.

(SEAL)

Linda P. Colvert
NOTARY PUBLIC
My commission expires 4/26/2000

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