

01-25002424mf \$13.00

STATUTORY DURABLE POWER OF ATTORNEY

FILED BY
ALAMO TITLE
2001-0098885

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, Patricia Loven Pelton of Birmingham, Alabama, my social security number being 450-02-1501, appoint my spouse, Bart Allen Pelton, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

- _____ (A) *real property transactions;*
- _____ (B) *tangible personal property transactions;*
- _____ (C) *stock and bond transactions;*
- _____ (D) *commodity and option transactions;*
- _____ (E) *banking and other financial institution transactions;*
- _____ (F) *business operating transactions;*
- _____ (G) *insurance and annuity transactions;*
- _____ (H) *estate, trust, and other beneficiary transactions;*
- _____ (I) *claims and litigation;*
- _____ (J) *personal and family maintenance;*
- _____ (K) *benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service;*
- _____ (L) *retirement plan transactions;*

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Inst # 2001-42014

09/28/2001-42014
10:14 AM CERTIFIED

SHELBY COUNTY JUDGE OF PROBATE

003 CH 17.00

GP

(M) tax matters;

(N) **ALL OF THE POWERS LISTED IN (A) THROUGH (M). YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).**

SPECIAL INSTRUCTIONS:

During any period to which I may be incompetent to act in the judgment of my attorney-in-fact, my attorney-in-fact expressly is authorized, if and to the extent that my attorney-in-fact shall consider such action to be consistent with my future welfare and conducive to the minimization of estate taxes at my death, to make gifts, out of my cash, accounts, or other property of readily ascertainable value, to any of my descendants, provided, that each such gift shall be made either outright to each donee or, in the case of a minor donee, either directly to him or her or to any person then serving as his or her custodian under the Transfers to Minors Act, serving as his or her custodian under the Transfers to Minors Act, Uniform Gifts to Minors Act, or similar statutes of Ohio or any other jurisdiction, so that such gift will qualify for such exclusion. My attorney-in-fact shall have no obligation to make any such gifts or to equalize any amounts given to and among the authorized class of donees, and all decisions and actions of my attorney-in-fact in determining whether any such gifts are to be made, and the amounts, timing, and recipients of any such gifts, shall be conclusive as to all potential donees and any and all other persons having or claiming any interest in my estate.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN:

(A) *This power of attorney is not affected by my subsequent disability or incapacity.*

~~(B) *This power of attorney becomes effective upon my disability or incapacity.*~~

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).

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