

DURABLE POWER OF ATTORNEY

Know All Men by These Presents, which are intended to constitute a **Durable Power of Attorney**, that I, **WILLIE TRIPP** the undersigned, of **P. O. BOX 221, of the City of MONTEVALLO, COUNTY of SHELBY, State of Alabama**, do hereby make, constitute and appoint **ARLINDA TRIPP of P. O. BOX 221 of the City of MONTEVALLO, Alabama, County of SHELBY, State of Alabama**, my true and lawful attorney-in-fact, an agent, for me and in my name, place and stead, and on my behalf and for my use and benefit.

To exercise or perform any act, power, duty, right, or obligation whatsoever that I now have, or may hereafter acquire the legal right, power, or capacity to exercise or perform, in connection with arising from, or relating to any person, item, transaction, thing, business property, real or personal, tangible or intangible, or whatsoever;

To request, ask, demand, sue for, recover, collect, receive, and hold and possess all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension and retirement benefits, insurance benefits and proceeds, and all documents of title, chooses in action, personal and real property, tangible and intangible property and property rights, and demands whatsoever, liquidated or unliquidated, as now are, or shall hereafter become, owned by me, or due, owning, payable, or belonging to, me or in which I have or may hereafter acquire interest, to have, use, and take all lawful means and equitable and legal remedies, procedures, and writs in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same, and to make, execute, and deliver for me, on my behalf, and in my name, all endorsements, acquittance, releases, receipts, or other sufficient discharges for the same;

To lease, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any real or personal property whatsoever, tangible or intangible, or interest thereon, on such terms and conditions, and under such covenants, as my said Attorney in Fact shall deem proper;

To maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens, mortgage, subject to deeds of trust, and hypothecate, and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I now own or may hereafter acquire, for me, in my behalf, and in my name and under such terms and conditions, and under such covenants, as my said Attorney in Fact shall deem proper;

To conduct, engage in, and transact any and all lawful business of whatever nature or kind for me, on my behalf, and in my name;

To make, receive, sign, endorse, execute, acknowledge, deliver, and possess such applications, contracts, agreements, options, covenants, conveyances, deeds, trust deeds, security agreements, bills of sale, leases, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bills, bonds, debentures, checks, drafts, bills of exchange, letters of credit, notes, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of, banks, savings and loan associations, credit unions, or other financial institutions or satisfaction of mortgages, liens, judgments, security agreements and other debts and obligations and such other instruments in writing of whatever kind and nature as may be necessary or proper in the exercise of the rights and powers herein granted;

And if the estate is ample to provide for the purposes implicit herein, to make gifts to my family, to charity and other objects as I might have been expected to make, in amounts which do not exceed in total for any year twenty (20%) percent of the income to my estate for that year.

I grant to my said Attorney in Fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my said Attorney in Fact, or his substitute, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

I hereby authorize all physicians and psychiatrists who have treated me, and all other providers of health care, including hospitals, to release to my attorney-in-fact all information contained in my medical records which my attorney-in-fact may request. I hereby waive all privileges attached to physician-patient relationship and to any communication, verbal or written, arising out of such a relationship. My attorney-in-fact is authorized to request, receive and review any information, verbal or written, pertaining to my physical or mental health, including medical and hospital records, and to execute any releases, waivers or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations and health care providers as my attorney-in-fact shall deem appropriate. My attorney-in-fact is authorized to employ and discharge health care providers including physicians, psychiatrists, dentists, nurses, and therapists as my attorney-in-fact shall deem appropriate for my physical, mental and emotional well-being. My attorney-in-fact is also authorized to pay reasonable fees and expenses for such services contracted.

My attorney-in-fact is authorized to apply for my admission to a medical, nursing, residential or other similar facility, execute any consent or admission forms required by such facility and enter into agreements for my care at such facility or elsewhere during my lifetime. My attorney-in-fact is authorized to arrange for and consent to medical, therapeutic and surgical procedures for me including the administration of drugs. The power to make health care decisions for me shall include the power to give consent, refuse consent, or withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition.

I reserve unto myself the right to revoke the authority granted to my attorney-in-fact hereunder to make health care decisions for me by notifying the treating physician, hospital, or other health care provider orally or in writing. Notwithstanding any provision herein to the contrary, I retain the right to make medical and other health care decisions for myself so long as I am able to give informed consent with respect to a particular decision. In addition, no treatment may be given to me over my objection, and health care necessary to keep me alive may not be stopped if I object.

This instrument is to be construed and interpreted as a durable and general power of attorney. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to my said Attorney in Fact.

This power shall not be affected by my subsequent disability or incapacity.

Signed: Willie Tripp this 1 day of May, 2002.

WITNESS: Bessie L. Jamison ADDRESS: P.O. Box 336
Montevallo, AL 35115

STATE OF ALABAMA)
SHELBY COUNTY)

I, the undersigned authority in and for said county, hereby certify that WILLIE TRIPP, whose name is signed to the foregoing **POWER OF ATTORNEY**, and who is known to me, acknowledged before me on this day, that being informed of the contents thereof, she voluntarily executed the same on the day of its date.

Given under my hand, this 1st day of May, 2002.

Nattie C. Jackson
Notary Public

My Commission Expires: 10/07/05

THE STATE OF ALABAMA)
SHELBY COUNTY)

I, the undersigned authority hereby certify, that Bessie L. Jarrington
subscribing witness is the foregoing POWER OF ATTORNEY, known to me, appeared before me
this day, and being sworn, stated that the maker of the POWER OF ATTORNEY voluntarily
executed the same in his/her presence and in the presence of the other subscribing witness on the day
same bears date.

Given under my hand, this 1st day of May, 2002.

Hattie C. Jackson
Notary Public

My Commission Expires: 10/7/05